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Gender differences in ethical judgments

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Iowa State University, 1994

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Gender differences in ethical judgments

by

Jon Michael Schwabach

**A Dissertation Submitted to the
Graduate Faculty in Partial Fulfillment of the
Requirements for the Degree of
DOCTOR OF PHILOSOPHY**

**Department: Psychology
Major: Psychology (Counseling Psychology)**

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In Charge of Major Work

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For the Graduate College

**Iowa State University
Ames, Iowa**

1994

DEDICATION

I dedicate this work to those who encouraged, pushed, and otherwise supported this effort on my behalf. I especially thank my major professor, Norman A. Scott, Ph. D., for his patience and guidance over what seems like an eternity, and Dan Russell, Ph. D., for his help with the statistical analysis of the data. Appreciation is also extended to the team of undergraduate research assistants Lori Montross, Nikki Nollen, and Briana Webber, who, with the coordination of Norman Scott and the investigator, collected the data and provided ratings of the Moral Challenge Stories.

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ABSTRACT

Student ratings of the ethicality of 19 behavioral interactions between male and female clients and counselors were used to explore gender differences in ethical judgments from the perspective of several theoretical models. Models pertinent to individual and gender differences were tested and included Kohlberg's (1976) theory of moral development, Gilligan's (1982) theory of moral orientation, Bem's (1981a) sex role schema theory and Eagly's (1987) social role interpretation.

Significant gender differences across all dependent variables were found in the ratings of unethical behaviors. Women rated sexual interactions between clients and therapists more conservatively than did men -- regardless of the gender of the therapist and client -- except in one condition. The one condition where men provided ethics ratings comparable to women was in response to sexual interactions between male therapists and male clients. It was hypothesized that males in this one condition identified more strongly with a scenario depicting a male client as victim, and therefore gave ratings more consistent with the ratings females provided.

Hierarchical regressions in which the variance in ethicality ratings were predicted by gender, academic ability, moral development, moral orientation, sex role identification, and general opinion of counselors were conducted. Main effects were found to be significant for gender of subject and for the therapist-client gender pairings depicted, with a significant interaction between these two main effects. While some mediation effect was found for the sex role identification of feminism, neither moral development stage or moral orientation had significant effects on ethical judgment.

Ethical judgments were found to be primarily based on the evaluation of social role appropriateness, rather than any of the individual difference variables tested. The study therefore concluded that the gender differences found were best explained by Eagly's (1987) social role interpretation of sex differences. It is recommended that in the study of perceived therapist ethicality, gender of subject, as well as the gender of protagonists used in vignettes as experimental stimuli need to be accounted for.

CHAPTER 1: INTRODUCTION

Background and Overview

Prior study

This dissertation replicated, extended, and provided explanations for certain key findings in a previous research study, conducted as part of a masters thesis (Schwabach, 1991). In the prior research, students were asked to make judgments about the perceived ethicality of counselor behaviors. The behavioral statements that were used to elicit these judgments represented a broad range of behaviors which encompassed a continuum of ethical to unethical behaviors (based on Pope, Tabachnick, & Keith-Spiegel, 1987; 1988). The ethical principles of autonomy, informed consent, confidentiality, and dual relationships were conceived of as organizing categories for a subsequent factor analysis used to synthesize the data.

This thesis research was exploratory in nature and the findings suggested that there were gender differences in ethicality ratings for some of the depicted counseling behaviors. For the items that loaded highest on a Sexuality factor, there were significant differences between male and female ethicality ratings. The items that made up this factor were those that described varying degrees of client and counselor physical and/or sexual contact. Only one other factor registered such a gender difference -- the Disclosure factor -- but this difference was of a lessor magnitude.

Thus, it appeared from the data that gender differences in ethics ratings were sensitive to the content of certain items. As items described behaviors progressing from relatively benign interactions, such as a client and counselor "handshake" to more sexualized interactions such as "therapist kisses client", a clear pattern emerged. The results indicated that the more overtly sexual the interaction between

client and therapist was, the greater the difference between the ethicality ratings that men and women assigned to these items. Women consistently rated the more highly sexualized interactions as significantly less ethical than did the men who rated these same behaviors. Although men had a slight tendency to give higher ethical judgment ratings overall, there were few other gender differences.

This initial study highlighted the need to provide a more adequate explanation for these types of gender differences. In the first study, it was anticipated that there may be gender differences in ethical judgments due to differential levels of ethical or moral development. Indeed, women did obtain higher scores than did men on the Ethical Judgment Scale (EJS), a developmental index of ethical judgment (Van Hoose & Paradise, 1979). However, the EJS proved to have unacceptable reliability and has received mixed empirical support in the literature for its validity as a moral or ethical development scale. In view of the debate in the moral development literature regarding gender differences (Blake, 1985; Walker, 1984), it would seem prudent to use a more reliable measure of moral development to explore gender differences in perceived ethicality.

The present study attempted a better explanation of individual differences in ethical judgments from the perspective of several theoretical models. Plausible explanations included differences in moral development and moral reasoning, differences in general reasoning or intelligence, differential sex role identification or sex role schemas, and learned social role expectations. The present study is unique in that it utilized not only hypothetical situations and self-reported narratives of moral reasoning, but applied them to a specific domain of ethics and behaviors where known gender differences exist, namely the sexualizing of the therapeutic relationship.

The study attempted to bring further clarity to the issue of whether individual and group differences in moral reasoning might help explain differences in applied ethical judgments. If there is a relationship between moral development and ethical judgments as Beauchamp and Childress' (1979) ethical framework would suggest, we would expect to see analogous differences in the ethicality ratings that participants made based on two factors: the moral level or developmental stage each individual had attained, and the particular moral principle or orientation brought to bear on the problem (Kitchener, 1984).

For example, in the previous study (Schwabach, 1991), we found a significant difference between men and women's ratings on the item: "Therapist engages in sex with [a] former client". If this difference can be explained consistent with Kohlberg's (1976) theory of moral development, we would expect to see those people who rate this item as less ethical to score at a higher moral development stage on a measure of moral reasoning such as the Defining Issues Test (DIT, Rest, 1979) regardless of gender. If there are gender differences in moral reasoning, we would hypothesize that these differences might explain the gender differentiated ethical judgments.

Another possible explanation of these differences in ethical judgments was drawn from gender schema theory (Bem, 1981a; Markus, 1982). Rather than a gender difference in moral reasoning, an alternative explanation would be that differences in ethical judgments are related to individual differences in sex type identification and stereotyping. Using the Bem Sex Role Inventory (BSRI, Bem, 1977), we hypothesized that ethical judgments would also vary as a function of sex typing. It was predicted that the more traditionally sex typed an individual, the more likely it will be that the individual will advocate traditional patterns of relationship

dynamics between the genders. From the perspective of gender schema research, those individuals who have stronger developed gender schema (for self and others) would be more likely to make judgments depending on how gender appropriate those behaviors were perceived to be. To continue the above example, a highly traditional masculine sex typed male would be less likely to endorse a behavior as unethical if it is perceived as representing an "appropriate" male behavior of exercising dominance over a female.

One limitation of the previous study (Schwabach, 1991) was that the gender of the therapists and clients described in the stimuli was not designated. This aspect of the study leads to the possibility that these gender differences were an artifact of the methodology. Rather than making judgments on moral and ethical grounds, men and women may have based their ratings on what is called by Eagly (1987) as a social role appropriateness.

The social role interpretation of sex differences posits that differences between men and women stem from the perception of unequal distribution of men and women in certain occupations and roles in our society. Because men have generally been seen as having higher social status and power, they are expected to make demands on women with which women are expected to comply. This inequality of power is the cause of much social and political tension in our society. The reactions of women and men to the depicted behavioral interactions between therapists and clients might engender considerable emotional responses based simply on social role identifications, rather than on any inherent individual trait or personal characteristic. A social role interpretation of the origin of the gender differences found in the previous study would highlight the student participants' assumptions as to the gender of the therapist and the client. As such, these ratings

of therapist behaviors may represent judgments primarily of social role appropriateness.

In the present study, the element of social role appropriateness was incorporated in the design by a systematic (2 X 2) variation of gender interactions between client and therapist. If the social role interpretation is correct, we would expect to see variation in individual ethics ratings, determined less by the gender of the subject making the ratings, but rather according to the gender of the protagonists. For example, in the previous study, men and women's ethics ratings diverged as therapy behavior became more highly sexualized. If an item depicted a male client being kissed by a male therapist, we would expect men's ethics ratings to shift in the direction of women's more conservative ratings, ostensibly due to the inconsistency of these behaviors with the participant's normative sensibilities of the social roles typically played by men and women.

There are those who believe that gender is no longer a useful or interesting variable, with limited value as a construct because it presents numerous empirical, ideological, and political conundrums. The social constructionists approach the problem by viewing gender as "...not a property of individuals but a socially prescribed relationship, a process, and a social construction" (Hare-Mustin & Marecek, 1990, p. 54). The approach taken by this study is designed to discover and construct a most plausible explanation for the data. Rather than taking the point of view of one theory or model, the current approach taken is to utilize a number of different theories, or models to explain the findings. The most important question to be determine is whether gender, as a variable of interest, is the best and only explanation when instances of male-female differences in ethical judgments are found.

Influenced by postmodernist perspectives (see Gergen & Gergen, 1986; Gergen, 1991), the study did not attempt to find the one correct interpretation of the data nor use one consistent view of gender influenced behaviors. Starting from and utilizing an empirical and positivistic paradigm, the study attempted to address various models of gender differences. This process is seen as an attempt to construct a meaning of gender difference without trivializing or representing gender as merely a bi-polar "continuum of psychological difference" (Hare-Mustin & Marecek, 1990, p. 54). In the social climate of increasing sensitivity to the issues related to the abuse of (primarily) female clients by (primarily) male professionals (Pope, 1990a), there is need to shed some light on the subject of gender which does not obscure the uncomfortable reality of inequalities between men and women which may contribute to differences between them.

Literature Review

The following section highlights the research literature and provides the rationale for the study. It is intended to be representative rather than exhaustive, as the literature in the areas of interest cut across a number of overlapping but discrete domains including; (1) the research on gender differences in professional ethics; (2) the moral development literature, especially as it pertains to the discussions of gender differences; and (3) the sex role literature with a focus on the theoretical and methodological debates, political and social controversies, and its implications for the study of gender differences.

Ethical issue: sexual exploitation

Masters and Johnson (1966, 1970) were among the first researchers to provide data indicating that a large number of patients in their studies had sexual involvement with a prior therapist perceived by the patient as traumatic and often

resulting in tragic consequences (Pope, 1990b). Though the latest research for psychologists seems to indicate a leveling off or decline in the number of incidents of inappropriate sexual contact between therapists and clients (Pope, 1990), the number of complaints continue to rise such that the category of "Dual relationships: sexual intimacy with client/dual relationship/exploitation of others and/or sexual harassment" was the largest domain of ethical complaints reported by the APA Ethics Committee (APA, Ethics Committee 1993). This category of grievances had the greatest percentage of growth over the 1989-1993 time period (APA, Ethics Committee, 1991; 1993).

The latest code of ethical standards advanced by the profession attempts to clarify the seriousness of the problem of sexual exploitation of women clients by therapists (Standards 1.11, 1.19, 4.04 - 4.07, APA, 1992) and explicitly states that sexual relations with present and former clients are unethical. Research on ethical violations show that this is primarily (though not exclusively) a problem of male therapists towards female clients (APA, Ethics Committee, 1993; Committee on Women, 1989). The effects of these ethical breaches on clients can often be compared to the impact of rape and incest, and bring considerable harm to both patients and therapists (Feldman-Summers & Jones, 1984). Though the ethical climate is growing increasingly conservative, many professionals still report confusion in this area (Akamatsu, 1988; Holub, 1990; Vasquez, 1991) and have questions regarding "the conditions under which sexual involvements are unethical" (Pope & Vetter, 1992, p. 404, emphasis added).

Gender differences in ethical judgments have been noted in research not limited to psychologists and therapists. Across a variety of professions (Gartrell et al., 1986; Herman, 1987, Rutter, 1989; Borys & Pope, 1989; Glaser & Thorpe, 1986;

Gottlieb, Sell, & Schoenfeld, 1988) a variety of contexts such as teaching (Robinson, & Reid, 1985), the supervision of counselors (Bartell & Rubin, 1990) and social workers (Dobrin, 1989), and in business decisions (Akaah, 1989) gender differences in ethics have a significant influence.

Most of the research in the area of ethics violations, has generally been carried out by surveys of mental health professionals (Holroyd, 1977; Pope, Tabachnick, & Keith-Spiegel, 1987, 1988). The research findings have found consistent and pervasive gender differences. As mentioned, the most consistent pattern is the exploitation of women clients by males in sexual and non-sexual dual relationships (Pope & Vetter, 1992), as a consequence of therapists acting upon sexual attraction and fantasies (Pope, Keith-Spiegel, & Tabachnick, 1986).

Though there has been ample documentation of the problem, there are limitations to the research. Most of the studies in this area have been descriptive in nature and lack a theoretical base or a rationale (Folman, 1991; Pope, Keith-Spiegel & Tabachnick, 1986; Shopland & VandeCreek, 1991). Criticism has been leveled at the inadequacy of sampling methods used in most survey type research, the lack of baseline data regarding the type of clients or therapists who respond to surveys, and the difficulty in determining the validity of self-reported memories of clients and therapists regarding ethical violations (Koltko, 1989; Williams, 1992). There has been little success in identifying the characteristics of clients or therapists who become sexually involved with their therapists. To date, the single best predictor of a client having a sexual relationship with a therapist is whether the offending therapist has had a prior sexual involvement with a client (Pope, 1990).

There has been some research aimed at understanding client perceptions of unethical behaviors from the point of view of the abuse victims (Kluft, 1989), or from

the professionals who are required to treat them (Baron, 1985; Bouhoutsos, Holroyd, Lerman, Forere, & Greenberg, 1983; Sonne, Meyer, Borys, & Marshall, 1985; Stake & Oliver, 1991). This research shares the same limitations as those previously cited. It is largely anecdotal or clinical (i.e., Bates & Brodsky, 1989; Brodsky, 1989; Sonne et al., 1985) or has originated from areas other than psychology (i.e., Hartnett & Secord, 1985). The client's perspective on ethical issues is a much neglected but important topic, and in this concern for ethics there has been lamented by a number of researchers. We know little about clients' perception of ethical issues or the best way to inform and enhance client's awareness of ethical practices in order to minimize exploitation (Hillerbrand & Claiborn, 1988; Hillerbrand & Stone, 1986).

Psychological theory and ethical inquiry

The vestiges of psychology's philosophical roots are quite evident in the use of psychological theories to investigate moral issues. The most recent Ethical Principles of Psychologists and Code of Conduct (APA, 1992) is the latest attempt to codify moral principles into ethical standards and rules of conduct. These Ethical Principles are not primarily the result of the activities of science, but rather they represent the political, social, and professional aspirations and constraints that influence psychologists, and are much more the result of values than of data. This represents one of the great problems with the use of psychological or empirical evidence in ethical inquiry; the confusion of facts with values, -- committing what is referred to as the "naturalistic fallacy" -- a confusion of the norms of psychologists with the norms of philosophers.

For philosophers, norms are statements of what ought to be done based on standards of ethical conduct or principles. For psychologists however, norms are

statistical descriptions of current practices or behaviors, a relativistic standard bound by time and context. Kohlberg (1966) commits the naturalistic fallacy by suggesting that his research empirically demonstrates a moral model. Facts and values are not comparable, and normative statements cannot be developed from empirical observations alone. Therefore, one role of psychological inquiry into moral issues is to establish the validity of certain normative statements (Waterman, 1988).

Most research in the area of moral development and moral reasoning starts with a paradigm that has built-in values, implied ethical frameworks, or assumptions of morality (Haan, 1982). Measurement instruments designed to elicit information about one theory often excludes the use of other theoretical frameworks, such that if participants use a different basis for making moral judgments, they may be depicted as less morally developed (Kurtines, Alvarez, & Azmitia, 1990). Psychology's movement into the field of ethical inquiry is still quite recent (compared to the traditional methodology of philosophy) and while there continues to be debate over which moral system is the best, there has yet to be developed methods for resolving conflicting normative claims. Often, conflicting value systems represent different cultural biases and ideologies whose function is to "legitimize and stabilize prevailing social and political interests" (Waterman, 1988, p. 293). Frequently, the result is a comparison of the values of western technological societies against those of developing nations, and -- as is often the case -- sets so-called male values against female values. With this understanding the social and political contexts that frame the moral development literature, we next examine how gender differences are approached in the literature.

Gender differences in moral reasoning

Three main questions that have formed the basis of the debate in the literature of gender differences in moral development. First, is whether women and men score differently on tests of moral reasoning, and whether these tests imply differences in moral development. A second and related question is whether women and men have distinctively unique and different moral orientations or ethical frameworks to guide their moral reasoning. Lastly, and a more recent addition to the debate, is whether gender is a useful variable for describing individual differences in moral development.

Kohlberg vs. Gilligan

The conflicts surrounding the question of whether there are gender differences in moral development have been highlighted in modern psychology in the tension between Lawrence Kohlberg's (1976) model of moral development and his student, Carol Gilligan's (1982) counterproposed moral development framework. Though both propose a stage model of moral development, Kohlberg's (1976) theory is centered around the moral principle of justice largely determined by the cognitive development of the individual, mediated by exposure to moral conflicts and social role taking opportunities. Drawing heavily on the cognitive development theory of Piaget (1965), Kohlberg's theory rests on the twin assumptions of the invariant and universal nature of moral development. In Kohlberg's model, development occurs in a fixed sequence of discrete stages and is common to all individuals universally across all cultures (Kohlberg, 1984).

Gilligan (1982) mounted a challenge of her mentor's theory by claiming that Kohlberg's theory was biased against women. She theorized that women frame moral problems in a manner different from that of men, using a more relationship

oriented ethical framework of "care". Her account has been described as a psychology of "separate spheres" which pictures the development of men and women as taking place along different paths in separate spheres of society. This inevitably leads to different kinds of social role taking opportunities which in turn lead to the development of different values and moral sensibilities in the individual (Kerber, 1986).

Gender differences in levels of moral development

Do men and women score differently on tests of moral development? The evidence from the research is somewhat mixed. Among those who believe that there are no significant gender differences on scores of tests of moral development, there tends to be a strong allegiance to Kohlberg's theory and method. Walker (1984, 1991) has consistently maintained that such differences are present, but small and inconsistent. Walker concludes that dilemma content is a better predictor of moral orientation than sex of the subject (Walker, 1986; Walker, deVries, & Trevethan, 1987). In a test comparing moral orientation and real-life vs. the standard Kohlberg dilemmas, Walker et al. (1987), conclude that when differences appear, they are more likely an artifact of method. Dilemmas that are either personal, involving specific, personal relationships, tend to elicit "care" responses. Those that are impersonal, involving people or groups of people that the participant does not know, or situations that are not personally relevant to the participants, tend to elicit "justice" responses. Furthermore, it has been found that even within individuals, there may be inconsistent use of moral orientations across dilemma type (Pratt, Golding, Hunter, & Samson, 1988).

There have been a number of researchers who have found cause to refute Walker's (1984) meta-analytic research (Baumrind, 1986; Blake, 1984, 1985; Haan,

1983), who criticize Kohlberg's research on theoretical and methodological grounds (Murphy & Gilligan, 1980), and who provide evidence in support of an alternative view (Gilligan, 1982, 1983; Gilligan & Attanucci, 1988a, 1988b). Baumrind (1986) argues for the use of ordinal and nominal nonparametric statistics and criticizes Walker's (1984) study because of its reliance on average stage levels. She notes that Kohlberg's Moral Judgment Interview (MJI) has undergone a number of revisions, making comparisons across investigations meaningless. She, as others before (Blasi, 1980), recommends that researchers control for age, IQ, general cognitive development, and educational level, as well as gender.

Although the lower stages of Kohlberg's model have produced consistently good construct validity, Murphy and Gilligan (1980) present evidence to suggest that the latter stages have proved more problematic. Kohlberg first identified these issues in a longitudinal study in which he described a "persistent relativistic regression" in a significant percentage of participants as they moved from adolescence to adulthood (Kohlberg & Kramer, 1969). Murphy and Gilligan (1980) charge that Kohlberg's invariant stage model of development is not valid as a conception of adult moral development, where increased complexity of thought over the adult life span might be measured in Kohlberg's model as a regression instead of developmental progress.

Related variables

Studies using a variety of methods that have detected gender differences in moral development have frequently noted co-variables associated with these differences. Stiller and Forrest (1990) found gender differences in average levels of moral development related to self-description. For instance, when females described themselves in real-life moral dilemmas, they tended to use care response

modes more frequently than men. Pratt et al. (1988) found similar gender differences in orientation in two studies. Women were found to use a care orientation more frequently than men, but these differences were not as large or as consistent as Gilligan's (1982) theory would suggest. In addition, they were influenced by age, level of moral reasoning, and dilemma content.

Other studies have shown an interaction of gender, measures of moral development, age and education (Rest, 1975). Thoma (1986) found small but significant gender differences in moral development when controlling for age and educational level. Bakken and Ellsworth (1990) describe a study of the moral development of three separate cohorts of adults, and conclude that moral development continues through middle age. They found age to be a better predictor of men's moral development, while for women, age and education combined were better predictors of moral development. White (1988) found in a sample of subjects ranging in age from 19 to 82 years, that only 18 years of education or more had a significant impact on moral development as measured by Kohlberg's Moral Judgment Inventory (MJl).

Evidence for the effects of college education on moral development has been mainly demonstrated by work using the DIT (Rest & Narvaez, 1991; Rest & Thoma, 1985) which is an objective instrument based on Kohlberg's model (DIT, Rest, 1974). Though the DIT does not produce the same results as the MJl, and its use may not generalize to research using the MJl, there is at least some data which concludes that women score on average slightly higher on the DIT (Rest, Thoma, Moon, & Getz, 1986). Although education has been found to be highly associated with moral development, very few studies have controlled for the effects of IQ. As Sanders (1991) points out, levels of intelligence are rarely controlled in studies of

moral development even though the DIT and level of education are highly correlated.

It is widely accepted that formal education is associated with the development of moral judgment (Colby, Kohlberg, Gibbs, & Lieberman, 1983; Rest & Thoma, 1985; Rest & Narvaez, 1991) separate from the effects of IQ or SES (Sanders, 1991). However, Boldizar, Wilson, & Deemer, (1989) found in a ten year longitudinal study of scores on the DIT, that the effects of education, occupation, and marital status had differential impact on the developmental processes of women and men, even though outcome scores were not significantly different. In another study, Baumrind (1986) reported that men with graduate degrees scored higher than women with advanced degrees, and that when uneducated men were compared to educated men, they found that higher education had a greater impact on the use of a justice orientation for men than for women.

To summarize, the question of whether men and women score differently on average scores of developmental level is contested, with the bulk of the empirical studies indicating only slight but inconsistent differences with women scoring higher than men on most measures of moral development. There is enough evidence to call into question (and possibly disconfirm) the claims of universality and homogeneity of moral orientations. In addition, criticisms about inconsistent scoring procedures, a limited range of subject characteristics with a heavy reliance upon student populations tested have been made (see Sears, 1986). Thus, it is clear that issues of gender differences in moral development continues to be a controversial area, furthermore, whatever gender differences in moral judgments have existed, over time these differences may be steadily diminishing due to changes in the

culture, as well as changes in the very way that science characterizes gender (Riger, 1992).

Gender differences in moral orientation

In light of the inconsistent empirical results discussed above, the answer to whether women and men have fundamentally different moral orientations would seem to be generally no, as implied by the average scores on moral reasoning measures (Walker, 1991). Even Gilligan (Gilligan & Attanucci, 1988) admits that there are probably as many similarities as differences in the ways men and women approach many moral issues. However, she continues to defend her original premise; that Kohlberg's conception of moral development as universal and invariant for all issues is flawed. The justice orientation, she maintains, cannot be the standard moral orientation by which to measure all cultures, and it alone can not account for unique and differing voices of women, particularly when women reasoned about gender relevant issues like abortion rights.

These differences in perspective may be a case where small differences in variance may paradoxically actually mean a lot (Abelson, 1985). Or it may just be that comparing Kohlberg's theory and Gilligan's theory is like comparing apples and oranges. There is a great deal of confusion over the way moral development becomes operationalized. There are those who criticize both Kohlberg and Gilligan as concentrating too much on moral justification, not moral reasoning, and for using a unidimensional approach which leads to an inability to account for the validity of both theories. Others argue for a more multivariate approach to moral development emphasizing processes of character development and socially responsible conduct (Hogan, 1973, 1974).

Social constructionist and interactionist models of moral development reject absolute moral principles proposing that moral development comes about as a natural outcome of interaction and dialogue (Haan, 1982; Hermans, Kempen, & van Loon, 1992). Preferring a model which transcends both the individualism and rationalism of Kohlberg's model, they posit that moral development comes about through the actions of an embodied self in relation to others which cannot be easily captured in research framed in the positivist paradigms (Vitz, 1990). This has led to recent attempts to incorporate social constructionist methods such as narrative or hermeneutic approaches, to more richly describe the ways people come to terms with moral decisions (Brown et al., 1991; Diessner, 1991; Packer, 1989; Tappen, 1990; Vitz, 1990).

As Blasi (1980) points out, there is little evidence that moral reasoning as it has been defined, is significantly related to "any specific course of action" (Blasi, 1980, p. 8). More and more, researchers point to the need to develop measures that better capture the paths of moral development, with the understanding that development is not just cognitive, but a matter of life experiences (Boldizar, Wilson, & Deemer, 1989). As Vitz (1990) argues, moral development is much more than the development of abstract moral cognitions independent of any content, but involves other essential processes such as empathy (Hoffman, 1977, 1984, 1987), caring and commitment to relationships (Gilligan, 1982) as well as interpersonal interaction and socialization (Haan, 1985). Gender differences in social roles and interpersonal influence (Eagly, 1983, 1987), the interaction of context variables (i.e., dilemma content) with individual differences in personal and emotional experiences, all combine to account for differences in how men and women think and behave (Josephson, 1988).

Sex differences and gender identification

As previously stated, one general hypothesis to explain sex differences in ethical judgments is to posit that men and women have a different way of processing information about themselves, and that is general in its impact on cognitive processes and personality characteristics. These characteristics have traditionally been labeled either masculinity or femininity. In what has been characterized as a "war of words" (Deaux, 1985, p. 51), researchers have struggled to characterize and to differentiate between these constructs by drawing on cognitive and personality theories.

The study of gender has been seriously hampered by methodological and social criticisms, and by the lack of theoretical work beyond that of Bem's (1981a) sex role theory. Her research served to invigorate a theoretical tradition which focused mostly on measurements of gender identity (the degree to which an individual is aware and or demonstrates satisfaction with being male or female) and gender role (the extent to which the individual has the traits, attitudes, and interests culturally expected for their sex; Pleck, 1984). Whereas Gilligan's (1982) scholarship tended to advocate a view of significant and meaningful differences between men and women, Bem's (1981a, 1981b) work tended to minimize the significance of sex differences in favor of focusing on individual differences in sex role identification or what she defined as sex typing.

Bem's gender schema theory

Sex typing is the process through which a person creates a template of personality attributes and self-concepts prescribed by the culture to be appropriate for his or her sex (Bem, 1987). Gender schema theory posits that people become sex typed as they regulate their cognitions and behaviors in terms of gender

templates called gender schemas (Bem, 1981). The theory argues that a culture socializes individuals to develop a "spontaneous readiness to impose a gender based classification system on social reality" (Bem, 1987, p. 265). Sex typed and non-sex typed individuals differ from one another in how they use the cultural stereotypes and ideations of masculinity and femininity as standards against which they evaluate themselves and others.

Drawing on the more generalized cognitive self-schema theory (Markus, 1977; Markus, Crane, Bernstein, & Siladi, 1982; Crane & Markus, 1982) it was assumed that individuals may or may not have specific knowledge structures which interact with a more general self-schema which, in turn, affects the way information is processed. These cognitive structures, or schemas, allow for more efficient classification of information. In this case, the basis of information processing is related to information about self and others as representations of gender.

Evidence presented by Bem (1981, 1985) and Markus et al. (1982) demonstrate that sex typed individuals have a greater readiness to impose a gender based classification system on their perceptions in laboratory tasks. Individuals considered aschematic would not display any of the cognitive efficiencies expected from having these schemata activated (see also Bem, 1982).

Of the more controversial aspects of gender schema theory is the concept that individuals could utilize more than one gender schema and, in so doing, develop a balance of masculine and feminine characteristics (Spence, 1981). Those individuals who could achieve an integration of the masculine and feminine characteristics were applauded in the concept of androgyny, which seemed to offer the end point of personality development in terms of a socially and politically correct ideal (Bem, 1976, 1987).

Masculinity and femininity

Sex role identification was used as a more powerful explanation of gender differences, but was based on the constructs of femininity and masculinity. Lewin (1984), in a review of the development of M-F scales, believes that the attempt to conceptualize and measure "femininity " and "masculinity" is a story of failure because of the inherent difficulties of operationalizing these constructs. She concludes that M-F tests are not satisfactory or valid for measuring the relative femininity of women or the relative masculinity of men, but suggests that M-F be defined as "the gender-relevant aspects of a person's self-concept or self-image" and is analogous to a person's "gender self-confidence" (Lewin, 1984, p. 200).

Others have criticized the utility of a universal masculinity and femininity dimension, and have especially cast doubt on the existence of the construct of androgyny (Lubinski, Tellegen & Butcher, 1983; Tellegen & Lubinski, 1983) or its usefulness as a predictor of any interesting psychological variables (Lubinski, personal communication, April, 1992). Methodologically, Lubinski et al. (1983) argue that androgyny does not emerge as a synthetic property (a mixture of both masculinity and femininity) but rather appears to be a distinct variable separate from either sex role dimension. As such, research on androgyny has provided little evidence of the construct providing any additional predictive validity over the M-F scales (Taylor & Hall, 1982).

Validity issues

It has been suggested that there is a need for a new paradigm to replace or clarify the concepts of masculinity, femininity, and androgyny that avoids the oversimplification of these concepts and one which does not continue to reinforce

and validate the assumptions, stereotypes, and norms associated with the traditions of M-F scales (Morawski, 1985).

Though M-F scales like the BSRI (Bem, 1974) purport to measure certain distinct aspects of femininity and masculinity, or clusters of traits labeled in a variety of ways (such as instrumentality or expressiveness), they fall short of capturing the entire domain of either (Nelson, 1993; Spence, 1983, 1984a, 1984b; Spence & Helmreich, 1978). Constantinople (1973), one of the early and most influential critics of the individual differences approach to gender differences, warned against adopting the assumptions inherent in masculinity and femininity measures; namely that masculinity and femininity are bi-polar opposites and unidimensional in nature. Hence, researchers have demonstrated the validity of these M-F scales redefined as trait measures of instrumentality and expressiveness, or alternately as sex differentiated item responses (Constantinople, 1973; Deaux, 1984; Taylor & Hall, 1982).

Though it seems that the attempt to define a useful measure of gender role orientation is a worthy effort, meta-analytic studies have showed that gender differences may account for only a small percentage (less than five percent) of the variance in the social psychology literature (Deaux, 1984). Small effect sizes, such as those previously noted, might seem insignificant, but they could have an important impact on behavior. While gender might explain only a small part of the variance of any single measure, to the extent that gender influences other social processes, these differences may have a cumulative effect of great impact (see Abelson, 1985).

A critical issue of focus is the meaningfulness of observed differences, even when average differences are small. There may be significant differences in the

relative distribution of masculinity and femininity that need to be taken into account across a wide variety of settings and task procedures in order to explain the existing inconsistent research results. To add to the confusion, research has illustrated that the magnitude of such gender differences may be steadily eroding by cultural changes (Ruble, 1983), such that there seems to be a trend towards more sex similarities than sex differences in personality and attitudes measures (Riger, 1992).

Many researchers advocate the development of a more multi-dimensionally inclusive measure relevant to gender orientation, one that goes beyond the expressive/instrumental personality traits with which M-F scales are most highly correlated (McCreary, 1990). There are others even still, who believe the problem is not in the validity of M-F instruments, but in how they are used and understood. If these gender trait scales are conceived as a measure of how people's self-ratings differ from a "consensually derived view of gender attributes", then even a small correlation (in the 0.3 - 0.4 range) might indicate a high degree of association if multiple determination is assumed (Archer, 1990, p. 275).

New approaches to the study of gender differences are being advocated. They are more multi-dimensional and context dependent (Archer, 1990), independent of trait measures (i.e., discriminate analytic approach, Lippa & Connelly, 1990) and include a view of gender from a social constructionist perspective more compatible with the goals of feminist psychology (Mednick, 1989). In this view, "gender is something we enact, not an inner core or constellation of traits that we express..." (Riger, 1992, p.737). These ideas may contradict popular culture. However, research influenced by social and political forces may reflect a fundamental attribution error which leads to the underestimation of the importance of situational variables and the overestimation of dispositional variables in gender issues

research (Friedman, 1987). One theory that attempts to correct this bias is that of Social Role Theory (Eagly, 1987).

Social role theory

In 1974, Maccoby and Jacklin (1974) published their classic work on sex differences and identified four clear differences between males and females: male superiority in mathematical and visual-spatial skills; female superiority in verbal abilities; and lastly, in the only area of social behavior, aggression. Men have been shown to be clearly more aggressive than females. Ten years later, in a review of the research in gender differences, Deaux (1984) concluded that the research has shown few significant main effects when looking solely at sex as a subject variable (how men and women differ in behavior), or when looking at individual differences in psychological variables between men and women, such as masculinity, femininity, or other such variables (Eagly, 1987). She advocates a third category of research which examines sex or gender as a social category, measures differences in responses of men and women to these social categories, and identifies the variables that may affect the processes related to the perception of gender.

Social role theory (Deaux & Major, 1987; Eagly, 1987) overcomes the fundamental attribution error. It proposes that it is not individual differences in psychological variables that determine people's experience of gender, but rather the unequal distribution of men and women in social and economic roles in society that influences sex typed behaviors. Members of a particular social category experience common pressures to conform to expected roles in a given situation and pay the consequences for non-conformity. For example, as men have been distributed in greater numbers in positions of authority, the perception that men are more influential and women more influenceable is legitimized (Eagly, 1983). In this

theory, all behavior is understood in a social context within which it is occurring in interaction with other cognitive and perceptual processes (Deaux & Major, 1987).

Sex as a social category focuses on how men and women think men and women differ, rather than on how they may actually differ. Sex then, is thought of as a cue or type of information that people base judgments on, or a schema for the social categorization of people (Sherif, 1982). Researchers that have employed this approach have focused on the differing expectations and attributions that are linked to gender stereotypes (Deaux & Lewis, 1984; Deaux & Major, 1977; 1987; Deaux, Winton, Crowley, & Lewis, 1985). These differences (and to extend the logic, all gender differences) are best thought of as relative rather than absolute differences. Men may be seen as more instrumental than women, but the strength of these differences are influenced by many factors (Bussey & Maughan, 1982).

An interactionist model

The most complete model seems to be an interactionist one, that takes into account both gender differences that appear stable (i.e., preferred cognitive styles) and contextual factors which vary across situations. In a given situation, gender related behavior is elicited through a complex sequence of events which begins with a perceptual process. This process may best be explained by starting with the sex role schema process in which a person brings to any situation gender based self-perceptions which are more or less central to the person's self-concept (Nelson, 1993). Whether this sex role schema is activated in a given situation depends on how the situation is assessed by the perceiver (Garwood, 1980; Gutman, 1988; Jose, 1989). If gender is made salient by either intrapersonal or situational aspects, it is more likely that gender related behavior will result.

One set of variables linked with gender differences are task characteristics. For example, tasks that involve more danger for females compared to males typically generate greater sex differences than those tasks which are less threatening (Eagly, 1983). Deaux et al. (1985) urges researchers in the area of gender differences to begin to look at the social contexts, structures, and processes that result in gender differences. Examples of research that utilized these factors include research on marital roles and moral development (Boldizar et al., 1989; Pratt et al., 1984, 1988), gender differences in occupational structures and career outlook (Eagly, 1983, 1987) and the analysis of gender differences in social power and influence (Hare-Mustin & Marecek, 1988, 1990).

To summarize, the new direction advocated by research into gender differences accepts that: an individual gender differences model alone will not produce robust effects, that these differences interact with person and situational variables; and that all behaviors are influenced by the social context within which they occur (Deaux & Majors, 1987; Eagly, 1987; Nelson, 1993). In research therefore, it is important to control for such variables as task demand characteristics including gender salience, perceptions of social role expectations, and even characteristics of the particular subcultures targeted as the focus of research. In this contextualized approach, how closely task performance is monitored by the researchers becomes important. Even the sex of researchers have been shown to influence the salience of gender role behaviors. There is great variability within and between males and females, as well as differences in contextual factors that have an impact on the measurement of gender differences. Therefore, it is suggested that more research be executed towards the enactment of gender differences in self-presentation and

other social processes, rather than focus strictly on static, dispositional attributes (Deaux, 1984).

Research Rationale

The prior literature review provides a rationale for the present research study. From the descriptive survey literature on ethical complaints and professional practices we know that there exists gender differences in the prevalence of ethics violations pertinent to client-therapist boundary issues. Female clients are most frequently exploited by male therapists. Therefore, the present research attempts to develop a model for these differences which goes beyond a simplistic and naive explanation illustrated by the folk truism "Boys will be boys...."

It is assumed that the gender differences in behaviors are related in some manner to differences in ethical judgments which in turn are influenced by the individual's capacity for moral reasoning, assuming ethical judgments are the by-product of moral development. If there are indeed no gender differences in scores on measures of moral development, but there are gender related differences in ethical judgments, it would suggest either a lack of support for the validity of general measures of moral development, or perhaps the presence of mediating variables between moral reasoning and moral behaviors.

The literature in moral development and in gender differences is tinged with controversy and politicized debates. As a social category, men and women have traditionally been thought to experience differential patterns of socialization and different opportunities for role-taking experiences, both of which according to theory, ought to affect moral development. Whether these differences in life experiences are so great and so pervasive as to produce gender differences in moral orientations is a question that has not been adequately answered at this time.

The research in sex role identification suggests that men and women might process information about themselves mediated by individual differences in sex role identification. This might also help explain the conclusion that ethical or moral dilemma content might be a powerful predictor of differences in moral reasoning. The difficulty is in how to characterize the meaning of differences between men and women. The nomenclature of masculinity and femininity is no longer acceptable. Redefining these gender differentiated item responses as indicative of a person's self-concept, or the individual's experience of themselves in comparison to some more abstract prototype or ideal schema of gender, seems acceptable, but not entirely satisfying.

To obtain the most complete model, researchers are advocating a more complex and interactionist model. Testing interactions between individual differences and social processes, while identifying which contextual cues contribute to gender salience, seems to offer the possibility of a more complete model with greater ability to predict the factors that might impact the appearance of gender differences. The research being presented offers an opportunity to test some of these ideas.

The present research is ambitious in its attempt to link moral reasoning, moral orientation, and sex role identification, with moral behaviors. At the same time, the present research offers the opportunity to assess the salience of gender to these moral and ethical judgments by varying the gender roles identified in the target stimuli.

Hypotheses

The following general hypotheses were tested:

- 1) Ethics ratings for all behaviors are lower (i.e., less approving), when the subject reports a prior experience of unethical behavior on the part of their therapist.
- 2) Ethics ratings are lower (less acceptable) for those with higher levels of moral development (as measured by the DIT). The ethicality ratings of targeted behaviors vary as a function of level of moral development, such that those who score higher on the measures of principled reasoning, give lower ratings to unethical behaviors.
- 3) Ethics ratings vary as a function of moral orientation such that those who show preferences for one moral orientation over another, will show a distinct pattern of responding. It would be predicted that those favoring a relationship orientation would give higher ethicality ratings, or be more accepting of those client-therapist behaviors perceived to represent dual relationships, when compared to those who show a preference for a justice or rule based moral orientation.
- 4) Ethics ratings vary as a function of academic ability.
- 5) Ethics ratings vary as a function of a person's sex type. It was be predicted by sex role theory that the highly sex typed males would give higher overall ratings to examples of sexual interaction, being more tolerant of the behaviors depicting male dominance over females.
- 6) Ethics ratings vary more in response to the gender attributes of the stimulus than as a function of the gender of subject. Social role theory would predict that ratings of targeted behaviors will vary more in

response to the gender attributed to the target stimuli and less as a function of the respondent characteristics. Those reported behaviors that depict male dominance over females are predicted to receive higher, and therefore more tolerant, ethicality ratings from all participants (regardless of participant gender), compared to those showing female dominance over males or those depicting same sex violations of perceived ethical standards.

The Main Questions

Based on the review of the literature and previous research results, the following broad questions emerged as a focus for the discussion, beyond the empirical hypothesis addressed above. The most basic question is whether there are gender differences in ethicality judgments when women and men rate therapists' interactions with clients. If significant gender differences were found, can the present study identify some of the factors that account for these differences? In the area of moral development, the main question to be addressed is whether men and women have distinctively different moral orientations or ethical frameworks, and whether these moral and ethical frameworks guide or impact moral reasoning and ethical judgments. And finally, the study attempts to provide an account for gender differences consistent with the data that avoids unidimensional assumptions, and provides a multi-dimensional explanation to account for these differences.

CHAPTER 2: METHODS

Participants

Participants in the study were student volunteers drawn from the Department of Psychology human participants pool. They were primarily undergraduate students in undergraduate psychology courses (specifically Psych 101, 230, 250, and 280) who participated to experience psychological research, and to earn extra point credit course points. There was no penalty for non-participation in this research study.

This study was conducted in compliance with all relevant ethical guidelines and policies pertinent to the use of human participants in research. It was approved by the Iowa State University Committee on the Use of Human Subjects in Research and the Department of Psychology Human Participants in Research Review Committee. Certification of the approval, dated November 1, 1994, is on file and available for inspection at the Iowa State University Graduate College and in the Department of Psychology.

Variables

There were 7 main variables of interest in this study.

- 1) Gender: Gender of the participants and gender of the clients and therapists depicted in the stimuli were the primary variables of focus.
- 2) Prior counseling experience: The amount and type of experience the respondent had with counseling, prior to the study, was measured using The Prior Experience Questionnaire.
- 3) Moral reasoning: Respondent's moral development level was assessed by use of a shortened format of the Defining Issues Test (Rest, 1979).

- 4) Moral orientation: Moral orientation was determined on the basis of ratings applied to Moral Challenge Stories provided by respondents about a true life moral conflict they had experienced (Moral Challenge Questionnaire).
- 5) Academic ability: Academic ability, as an index of intelligence, was measured by utilizing respondent's ACT composite and English subscores, and/or SAT verbal scores provided at time of enrollment at the university. Scores were obtained with the participants' written permission from the registrar's office.
- 6) Sex type: Sex type was determined through the use of the Bem Sex Role Inventory (using the 30 item short form).
- 7) Ethical judgment: Ethical judgments were obtained through the use of The Ethics Questionnaire, a modified subset of items developed in prior research (Ethics and Practice Questionnaire, Schwabach, 1991). Items were based on similar items contained in surveys of professionals previously conducted (Pope et al., 1987; 1988).

Instruments

Prior Experience Questionnaire

The purpose of these seven items was to gather demographic information and to determine the amount of experience the participant had had with counseling and psychotherapy, and to assess whether this experience had been overall positive or negative (see Appendix: A).

Defining Issues Test (shortened version)

The Defining Issues Test (Rest 1979) was developed for the purpose of having an objective measure of moral development (see Appendix A). Based on Kohlberg's theory of moral development, the instrument was designed to determine the level of a person's moral development as identified by six distinct stage scores and two indices of levels of moral reasoning. Participants read three stories (out of an original six), each describing a situation about which the participant was required to make an ethical decision or judgment.

Each story was followed by 12 items which represented ethical issues of relevance to reasoning about the dilemma under consideration. Each item has been empirically linked to a specific stage score and represents a particular type of moral reasoning. Consistent with the standard administrative instructions of this widely used instrument, participants were asked to rate the importance of each item in their reasoning process about the story. After this, participants were asked to identify, in rank order, the four most important items pertaining to each story. Scores were based on the relative priority respondents placed on these stage-related statements, as well as the priority ranking they gave to the four most important items. The scoring system adhered to the standard scoring procedures for the instrument as delineated in the Defining Issues Test manual (Rest, 1986).

The DIT outcome scores used were:

Stage scores: An index of moral reasoning displayed by the respondents at all stages (1 - 6).

Principled reasoning: The amount of principled reasoning, expressed as a percentage (P-score), utilized across all three stories.

Davison D-score: The magnitude of rating preference for principled reasoning items over preconventional or conventional reasoning.

M-score: The amount of importance placed on meaningless statements which serves as a validity index.

Consistency Check: A simple comparison of consistency between ratings and rankings of the statements.

The Defining Issues Test has been used in over 500 published studies. Test-retest reliability for the P-score has been reported over the years in the high .70s to low .80s with somewhat higher internal consistency (alpha) of .77 to .87 (Davison & Robbins, 1978; Rest, Davison, & Robbins, 1978; Rest, 1986). Major findings indicate that age and education account for 30% to 50% of the variance on principled reasoning scores on the Defining Issues Test (Rest, 1986).

Moral Challenge Questionnaire

In order to determine moral orientation, participants were asked to answer a series of questions describing a Moral Challenge Story (see Appendix A) which elicited information about a prior experience of moral conflict. Answers were analyzed and interpreted according to interpretive procedures outlined in "The Reading Guide" (Brown, Tappan, Gilligan, Miller, & Argyris 1989; Brown et al., 1991).

The purpose of "The Reading Guide" was to provide an hermeneutic approach to interpreting narratives of moral conflicts and choice from both a justice orientation and a care orientation. In addition, the methodology allows for the development of alternative orientations that may have characteristics unique to the subject and the subject pool (see also Galotti, 1989). Respondents were classified into four groups

based on the outcome of the rating process across three dimensions by trained raters.

Ratings utilized were based on the presence or absence of a justice or care orientation; whether one orientation predominated over another; and whether there was a sense of alignment with the storyteller for either one or the other orientation. Each narrative was rated on each of these three dimensions and was given a single digit code for each dimension. The combination of these three separate but related dimensions - presence, predominance, and alignment - were then represented as a single, categorical three digit code of narrative type.

Reliability was determined by computing the percentage of observed agreement as well as by computing κ coefficients between and across all raters. Previous studies using the Reading Guide methodology achieved in the range of 63% to 81% average observed agreements across all scores and all raters (Brown et al., 1989), which included newly trained undergraduate students as raters.

Ethics Questionnaire

The Ethics Questionnaire (see Appendix A) was constructed on the basis of the factor analysis conducted as part of the previous study (Schwabach, 1991). In that investigation, subjects were requested to rate 57 behavioral interactions between therapists and clients on a Likert scale in terms of their perceived ethicality. From that prior study, 19 items were chosen based on their factor loadings on the factors of Sexuality and Dual Relations.

For this study, the gender attributes of the parties involved in these 19 behavioral interactions between therapists and clients, the stimuli that comprise the Ethics Questionnaire, were identified and systematically varied resulting in a 76 item questionnaire. The questionnaire was made up of 19 items repeated four times

to accommodate different gender pairings. Items were chosen to have about half of the items load on the Sexual Interaction Factor, and about half to load on the Dual Relations Factor. The outcome of this strategy was to create an instrument with eight dependent measures (four gender interaction conditions X two factors). Subjects were asked to respond to a five point Likert scale indicating their judgment of how ethical or unethical the behavior was perceived by them. The range of responses available was 1 = "Never ethical" to 5 = "Always ethical".

A variety of scores were reported. The average ratings and the summed ratings for each of the eight measures were reported to determine the effect of the gender attributes on ethics ratings as determined by item content. Some item analysis was conducted by adding the ratings for each of the original 19 items across all gender interaction conditions and comparing the patterns of responses of men and women. Reliability scores were reported and found to be consistent with the original study. Reliability in the previous study for the ethicality judgments on the E&P overall was .86. In the prior study, the Dual Relations factor reliability coefficient was .78 and for the Sexuality factor, the reliability was .61.

Bem Sex Role Inventory

Sex type was determined using the short form of the Bem Sex Role Inventory (Bem, 1977), a 30 item list of adjectives used to indicate the level to which the participant identifies with masculine or feminine stereotyped personal attributes when compared to others in their culture (see Appendix A). The test consists of 30 adjectives, 10 of each corresponding to attributes judged as more socially desirable by males and females, and 10 neutral items added as fillers. When completing the Bem Sex Role Inventory, the participant is asked to indicate on a seven point Likert

scale how well each of the 30 characteristics described themselves. The scale ranges from 1 ("Never or almost never true") to 7 ("Always or almost always true").

Separate masculinity, femininity, and M-F difference scores were reported for each group of respondents. Subjects were also classified into one of four groups; masculine, feminine, undifferentiated, and androgynous using a median split method based on the current sample's overall median (see Strahan, 1975).

Reliability studies have been reported and show the Bem Sex Role Inventory to be a reliable and internally consistent instrument (Bem, 1978). Coefficient alpha were reported from .75 to .90. Test-retest reliability coefficients were reported ranging from .76 to .94. Reliability of the Bem Sex Role Inventory is reported in the present study for each of the two scales, and all scores reported in the present study compared to norms provided in the Bem Sex Role Inventory manual.

Procedures

Experimental procedures

Two hundred and twenty-four volunteer research participants were recruited by experiment posting on the Psychology Department research participant bulletin board. The posting form described the study and indicated the locations and times for group data collection sessions (see Appendix F). Participants were greeted at the study site by the investigation team consisting of either the major investigator or one of a team of undergraduate research assistants, who distributed survey packages containing the introductory information, informed consent agreements, survey instruments and computerized answer sheets (see Appendices A and E). Researchers introduced the study by summarizing the purpose of the study, and then reviewed the informed consent materials. Procedures for receiving extra credit

were conveyed prior to securing the participants' written voluntary consent for participation.

All participants began with the Prior Experience Questionnaire followed by the Moral Challenge Questionnaire, the Ethics Questionnaire, the Defining Issues Test, and then the Bem Sex Role Inventory. The surveys were completed using computer opti-scan bubble sheets (for the Prior Experience Questionnaire, Ethics Questionnaire, and Bem Sex Role Inventory) or writing answers directly on answer sheets provided (for the Moral Challenge Questionnaire and Defining Issues Test; see Appendix A).

The order of questionnaire was chosen with the following logic. The Prior Experience Questionnaire was offered first, as that contained the demographic and other identifying information required. The Moral Challenge Questionnaire was completed next, as it was the only task requiring the generation of original narrative, and there was a desire to have the ideas for these narrative be generated without the influence of the materials to follow. The Ethics Questionnaire was presented next, again, with the idea of trying to have the respondents unbiased by moral considerations presented in the two instruments that followed; the Defining Issues Test and the Bem Sex Role Inventory. Overall the presentation of survey materials moved from the more personal to a more removed and general perspective.

The package was designed to be completed in approximate two hours, but most respondents completed the survey in approximately one hour. A debriefing information sheet was provided to all participants upon completion of the questionnaires (see Appendix E). Participants received information about relevant counseling services in the event that participation induced personal concerns. In addition, the debriefing sheet indicated the names and phone numbers of persons

responsible for the study, had any questions about the study emerged. No such contact was recorded by any of the researchers with any of the participants.

Obtaining ACT scores

ACT scores were obtained for the research volunteers through the registrar's office with the written and signed permission by the individual student involved in the research (see Appendix E). The registrar's office has a standard procedure and policy regarding the use of information of its students, and required an application be made prior to any information being made available. The student's identification number, name and signature were required on separate informed consent waivers provided at the time of the study, which were then presented as a group to the registrar's office (see Appendix E). Once this information was obtained, it was entered into the data for analysis, after removal of any identifying information.

Moral orientation

The Moral Challenge Questionnaire was used to determine the respondent's moral orientation. Three female undergraduate psychology independent study students were trained to make the proper interpretations of written material as outlined in The Reading Guide (Brown et al., 1991). Written answers to the Moral Challenge Questionnaire were transcribed, and copies made for each rater. Raters did not know the gender of the writer, although the content of many stories made it obvious. Instructions for each rater to analyze and interpret stories from each respondent were provided (Appendix B). These instructions outline the rating system used by each rater to summarize the answers and to determine the narrative type codes.

Moral Challenge Questionnaire ratings were accomplished over a six week period, with a two week break coinciding with the university end of semester

vacation. The team of raters was trained by the principal investigator by working with a small sample of data from the first 10 subjects. After reading samples and individually rating them, we discussed and developed a consensual interpretive approach to the rating process. After this initial orientation, raters were given a package of stories to read and rate. The group met 4 times with the principal researcher to turn in one group of stories, and to receive a new group (4 groups of Moral Challenge Questionnaire in all).

The team of raters (including the principal researcher) met weekly to discuss progress in data coding, to collect that week's ratings, and to discuss any difficult scoring examples. As a team we discussed Moral Challenge Questionnaire protocol that seemed difficult to rate given the rating criteria. Raters did not compare responses on any Moral Challenge Questionnaire until all judges had provided initial ratings on all protocols for that week's group. There was some opportunity to change ratings in light of group discussion, prior to final submission of ratings. However, raters did not discuss in advance of rating any of the Moral Challenge Questionnaire protocols. A group of six stories, four chosen at random from the overall sample, and two developed as prototypes of response types, were repeated throughout the four groupings as a measure of consistency of raters over time.

The "raw data" or ratings provided by the judges was categorized into four Moral Orientation categories according to the following procedure. All of the ratings initially provided by each rater (645 ratings) were distributed in twenty, 3-digit categories (see Table 39 in Appendix C). Each of these Narrative Type ratings was assigned "membership" in the broader category of Moral Orientation, of which there

were four. Thus, each 3-digit Narrative Type code was recoded into a single-digit Moral Orientation code (a number from 1 to 4).

A decision rule was then implemented for the purpose of assigning subjects to a final moral orientation category. This was done on a logical basis as part of the data analysis process, and not in conjunction with the team. The basic principle however, was "majority rule". If at least two out of three raters agreed on a moral orientation code, that rating was assigned. If there was no agreement the rule then became more complicated. If two out of three raters provided a code of either a 1, 2, or 3 (Care, Justice, or Mixed), then the narrative was assigned as a Mixed Orientation. All other cases were assigned to the Uncodeable category. This decision rule also applied to six stories that were repeated in all four groups - all ratings were added up - to provide one final rating outcome.

Data analysis

Data analysis was conducted via computer using SPSSx to address the major hypotheses described previously. Separate data analysis was performed on each of the independent variables, the eight dependent variables, and the relationships between them. Reliability data was generated for all scales used in subsequent data analysis. An exploratory factor analysis was conducted to determine the integrity of the item factor loadings for the dependent variable factor scales. Correlational studies provided information on the relationships between variables. Chi-square analysis was used to describe differences between gender and other categorical data, while T-tests were conducted for tests of differences between groups on continuous variables. A reliability study of agreement of raters on the Moral Challenge Questionnaire utilizing coefficient κ (Cohen, 1960; Kraemer, 1979) was conducted to determine rating consistency between raters and across all raters.

A multivariate analysis of variance was conducted using a hierarchical regression on the dependent variables and variables found to be associated with both the demographic variables and the dependent variables (opinion of counselors, and moral development). This was conducted in order to understand the relative contribution of each variable, while controlling for partial correlations with other variables, and as a preliminary step for a potential a path analysis in the future. In addition, the MANOVA procedure was utilized on SPSSx to determine the significance and effect size of gender of subject and gender of stimuli (client-therapist gender interactions). For this procedure, the items were treated as repeat measure variables.

CHAPTER 3: RESULTS

Participants' Characteristics

The sample consisted of 224 volunteer participants recruited from the Psychology Department Research Participant Pool and was comprised of 125 women and 94 men. Examination of Table 1 reveals a ratio of 42.9% men to 57.1% women, and indicates that approximately 60% were between 19 and 20 years old (mean age of 20) and almost half the sample (46.3%) were Freshmen.

Prior Counseling Experience

The Prior Experience Questionnaire (PEQ)

This four item questionnaire was administered to determine the duration of counseling experience, to assess whether respondents had direct or indirect experience of unethical counselor behavior, and to ascertain the respondent's general opinions about counselor's (see Appendix A).

For this sample, 70 participants (20 men and 50 women), or 32 percent of those sampled, answered "yes" to having had directly participated in counseling (see Table 2). For the entire sample, there were gender differences in counseling experience, with men being less likely to have had any counseling experience compared to their female counterparts, $\chi^2 (4, N = 219) = 13.26, p = .05$. For just those with counseling experience, there were no significant differences in the duration of counseling experience between the men and women sampled.

Experience of unethical behavior

A total of nine participants (4% of the entire sample) indicated that they have experienced counselor behaviors that they considered unethical. Eight percent of

Table 1. Participant characteristics by gender (N = 219)

Characteristic	Gender	<u>n</u>	% total	% gender
Gender:	Male	94	42.9	100.0
	Female	125	57.1	100.0
Age: ^a				
Up to 18	Male	12	6.0	14.3
	Female	29	14.4	24.8
19 to 20	Male	48	23.8	57.1
	Female	74	36.8	63.2
21 to 22	Male	18	9.0	20.4
	Female	9	4.5	7.7
Over 22	Male	6	3.0	7.2
	Female	5	2.5	4.5
Education:				
Freshmen	Male	39	17.9	41.5
	Female	62	28.4	50.0
Sophomore	Male	35	16.1	37.2
	Female	48	22.0	38.7
Junior	Male	13	6.0	13.8
	Female	11	5.0	8.9
Senior	Male	7	3.2	7.4
	Female	2	0.9	1.6
Other	Male	0	0.0	0.0
	Female	1	0.5	0.8

^aSignificant difference between group mean age for males, M = 20, females, M = 19, t (199) = 2.23, p = .027 (two-tailed).

Table 2. Duration of prior counseling experience by number of sessions ($N = 219$)

Total # of Counseling Sessions	Gender	n	% Gender	% Total
0	Male	74	78.7	33.8 ^a
	Female	75	60.0	34.2
1 - 8	Male	14	14.9	6.4 ^b
	Female	36	28.8	16.4
9 - 25	Male	5	5.3	2.3
	Female	8	6.4	3.7
26 - 50	Male	0	0.0	0.0
	Female	6	4.8	2.7
Over 50	Male	1	1.1	0.5
	Female	0	0.0	0.0

Note. Responses coded: 1 = None (I have never been in counseling), 2 = 1 to 8 sessions total, 3 = 9 to 25 sessions total, 4 = 26 to 50 sessions total, 5 = over 50 sessions total.

^aSignificant difference for prior counseling experience by gender, $\chi^2(4, N = 219) = 13.26, p = .05$.

^bNo significant differences in duration of counseling by gender for those who have had some counseling experience, $\chi^2(3, N = 70) = 5.53, p = .24$.

all participants who had experience in counseling of any duration reported they had direct experience of unethical behaviors (see Table 3). There were no significant differences between men and women, with approximately 15% of the men and 12% of women with counseling experience endorsing this item, $\chi^2(2, N = 70) = 0.46, p = .341$.

When asked about their second-hand experiences, many more participants indicated they had heard about someone else who had an interaction with a

Table 3. Percentage rating experience of unethical behavior ($N = 219$)

Type of Experience	Male ($n = 94$)	Female ($n = 125$)	Total ($n = 219$)
Personal Experience ^a			
No	88.3	88.0	88.1
Not Sure	8.5	7.2	7.8
Yes	3.2	4.8	4.1
Second-Hand Knowledge ^b			
No	58.5	70.4	65.3
Not Sure	12.8	7.2	9.6
Yes	28.7	22.4	25.1

^aParticipants answered the following question: Have you ever personally experienced any behavior on the part of a counselor or therapist that you considered to be unethical?

^bParticipants answered the following question: Have you ever heard about someone else who has had an experience with a counselor or therapist that they considered to be unethical?

counselor that they believed was unethical (25% total). It is interesting to note that the category of "unsure" increased for men from 8.5% to 12.8% while it stayed the same for women (7.2%). For most of the men in this sample, knowledge and experience of counseling seems to come from second-hand experience. While only 3% of the men indicated "yes" for direct experience, 28.7% indicated "yes" for second-hand knowledge. Overall, there were no significant differences in the average rating for this question for men and women, $\chi^2 (2, N = 219) = 3.75, p > .05$.

Impression of counselors

Impression of counselors was quite positive, and none of the respondents endorsed the extremely negative category. The median response was "mostly

positive" (see Table 4). Women tended to give higher ratings for their general opinions of counselors than did men.

Intercorrelations of PEQ

Table 5 summarizes the relationships of prior counseling experience and the demographic variables. A small but significant correlation is shown between age and the number of counseling sessions, and between gender and their overall impression of counselors (PEQ4). Older students have had more opportunities for counseling than younger students, but do not necessarily have a better or worse impression of counselors. It is interesting to note the small negative correlation between education level (grade) and impression of counselors (PEQ4) that

Table 4. Percentage rating overall impression of counselors

Impression Rating ^a	Male (<i>n</i> = 94)	Female (<i>n</i> = 124)	Total (<i>n</i> = 218)
Extremely negative	0.0	0.0	0.0
Mostly negative	7.4	1.6	4.1
Mixed or neutral	47.9	33.9	39.9
Mostly positive	39.4	61.3	51.8
Extremely positive	5.3	3.2	4.1

Note. Participants rated the following question: My overall impression of counselors and psychotherapists is. Responses coded: 1 = Extremely negative, 2 = Mostly negative, 3 = Mixed or neutral, 4 = Mostly positive, 5 = Extremely positive.

^aSignificant difference between group mean rating of overall impression of counselors for males, *M* = 3.42, and females, *M* = 3.66; *t* (194) = 2.78, *p* = .006 (two-tailed).

Table 5. Intercorrelations of demographic, and Prior Experience Questionnaire (PEQ) items

Item	Gender	Age	Grade	PEQ1	PEQ2	PEQ3
Gender						
Age	0.15*					
Grade	-0.13	-0.52**				
PEQ1	0.17*	-0.18**	0.05			
PEQ2	0.02	0.00	0.05	0.15*		
PEQ3	-0.10	0.06	0.00	0.03	0.24**	
PEQ4	0.19**	0.01	-0.17*	0.10	-0.12	-0.03

Note. Grade = educational level, PEQ1 = duration of counseling experience, PEQ2 = direct experience of unethical behaviors by counselors, PEQ3 = indirect experience of unethical behaviors by counselors, PEQ4 = overall impression of counselor ethicality.

* $p < .05$. ** $p < .01$.

suggests that the older respondents have had more negative experiences with counselors or at least are more conservative in their overall ratings.

Academic ability

Student's academic ability measures obtained from the registrar's office included the ACT English (ACTE), the ACT Composite (ACTC), and the SAT Verbal (SATV) subscores (see Table 6). Due to few SATV scores ($n = 25$), these scores were not used in subsequent data analysis. Women scored significantly higher than men on the ACT English subtest, but not on the ACT Composite or SAT verbal scores. Table 7 shows the intercorrelations among these scores. While the ACTC was highly correlated with the ACTE and SATV, the ACTE and the SATV were only moderately associated with each other.

Table 6. Means and standard deviations of academic ability measures by gender

Ability scale	Male (<u>n</u> = 94)			Female (<u>n</u> = 125)			Total (<u>n</u> = 222)		
	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>
ACT English	67	21.24	4.16	106	23.32	3.92	173	22.51	4.13 ^a
ACT Comp.	68	22.19	3.50	107	23.25	3.90	175	22.84	3.78 ^b
SAT Verbal	12	432.50	90.06	13	454.62	77.63	25	444.00	82.82 ^b

Note. Data may not sum to 100% due to missing data. Due to small sample data on the SAT Verbal, this scale is not used in subsequent data analysis.

^aSignificant group difference between men and women: $t(171) = -3.28$, $p = .001$, on ACT English subtest.

^bNo significant group difference between men and women on ACT Composite, $t(171) = -1.82$, $p = .070$; or SAT Verbal subtest, $t(23) = -0.66$, $p = .516$.

Table 7. Intercorrelation coefficients of academic abilities

Ability measure	ACT English (<u>n</u> = 173)	ACT Composite (<u>n</u> = 175)
ACT Composite	0.86**	
SAT Verbal	0.55*	0.84**

* $p < .05$. ** $p < .01$.

Sex Roles

Bem Sex Role Inventory (BSRI)

Results obtained on the Bem Sex Role Inventory (see Table 8) showed that, as expected, men scored on average higher than women on the masculinity scale and women scored on average higher than men on the femininity scale. A difference score (obtained by subtracting scores for masculinity from femininity) indicated a significantly greater range of scores for women than men.

Results suggest that the Bem Sex Role Inventory responses were differentiated by gender. When this sample is compared to norms provided in the BSRI manual (from a 1978 study of Stanford University students, $N = 816$, Bem, 1978), it was found that ISU students scored generally higher on both masculinity and femininity, and to have a more restricted range. With both sexes combined, the mean scores of the present study participants are in the 63rd percentile for masculinity, and the 61st percentile for femininity. In comparison to the norms, men scored in the 69th percentile rank for masculinity and the 33rd percentile rank for femininity when compared to norms for men, while women scored at about the 60th percentile ranking for masculinity, and at about the 65th percentile ranking for femininity when compared to the norms for other women on the Bem Sex Role Inventory (short form).

These data suggest that this sample has a higher level of sex typing compared to the normative sample, with higher than average scores for men on masculinity and women on femininity. The finding indicates that Iowa State students may have more traditional sex-role attitudes than when compared to the students of Stanford, especially the men who appear more highly sex-typed (determined by the high masculinity scores, and low femininity scores).

Table 8. Means and standard deviations of the Bem Sex Role Inventory (BSRI) by gender

BSRI scale	Male (<i>n</i> = 94)		Female (<i>n</i> = 125)		Total (<i>n</i> = 219)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Masculinity	5.19	0.62	4.95	0.71	5.05	0.68 ^a
Femininity	5.26	0.83	5.88	0.67	5.61	0.80 ^b
Difference	0.06	0.94	0.93	1.01	0.56	1.07 ^c

Note. Difference score = femininity score - masculinity score.

^aSignificant difference between men and women: $t(217) = 2.71, p = .007$.

^bSignificant difference between men and women: $t(217) = -5.92, p = .000$.

^cSignificant difference between men and women: $t(217) = -6.51, p = .000$.

Table 9 displays the distribution of Bem Sex Role Inventory types formed by using a median split of the present sample to create four types. A greater proportion of males were classified as masculine compared to females whereas a greater proportion of females were classified as feminine compared to males. It was also found that the men in this sample were represented in the undifferentiated category more often than were females, however, this difference was non-significant.

Analysis of the Bem Sex Role Inventory indicated adequate reliability coefficients for this sample, with a coefficient alpha of .79 for masculinity and .89 for femininity (see Table 10). The results are comparable to data reported in the test

Table 9. Percentage Bem Sex Role Inventory (BSRI) types

BSRI type	Male (<i>n</i> = 93)	Female (<i>n</i> = 125)	Total (<i>n</i> = 218)
Undifferentiated	26.9	13.6	19.3
Masculine ^a	41.9	20.0	29.4
Feminine ^b	8.6	44.0	28.9
Androgynous	22.6	22.4	22.5

Note. BSRI types are formed using the median to split groups into "high" and "low" on each of the two BSRI subscales (undifferentiated type = masculinity < 5.0 and femininity < 5.6; masculine type = masculinity > 5.0 and femininity < 5.6; feminine type = masculinity < 5.0 and femininity > 5.6; androgynous type = masculinity > 5.0 and femininity > 5.6).

^aSignificant group differences in masculine type classification by gender $\chi^2(1) = 12.37, p = .000$.

^bSignificant group differences in feminine type classification by gender $\chi^2(1) = 32.52, p = .000$.

Table 10. Correlation and reliability coefficients alpha (α) for the Bem Sex Role Inventory (BSRI)

BSRI scale	Masculinity	Femininity
Masculinity	(0.79)	
Femininity	-0.05	(0.89)

Note. Reliability coefficient α displayed on the diagonals in parentheses.

manual. The negligible negative correlation between the two subscales, $r = -.05$, provides further support for the scales' independence.

Relationship of Bem Sex Role Inventory to independent variables

Regarding the relationship between the Bem Sex Role Inventory and the two measures of academic abilities, the ACTE and ACTC, results show that the masculinity scale was not significantly correlated with either ACT English, $r = -.08$, nor with the ACT Composite scores, $r = -.01$. The femininity scale was not significantly correlated with ACT English, $r = -.07$, but was weakly correlated with ACT composite scores, $r = -.16$, $p < .05$. The means for ACT English and ACT composite scores are reported in Table 11 for each of the four basic Bem Sex Role Inventory sex types established by using the median split method. One-way ANOVA were non-significant for both ACT subscores; ACT English, $F(3, 170) = 1.77$, $p = .154$ and ACT Composite, $F(3, 170) = 1.93$, $p = .127$.

As would be expected, gender was significantly correlated with the Bem Sex Role Inventory. With males coded as "1" and females coded as "2", gender's point bi-serial correlation with masculinity was $-.19$, $p < .01$, and $.38$, $p < .01$, with femininity. Older students appear to have had a greater balance between masculinity and femininity, the androgynous type. One-way ANOVA for age by sex type showed a significant effect for age $F(3, 199) = 2.98$, $p = .032$, with group differences between those typed as feminine (mean age = 19 plus 2 months) and those typed as androgynous (mean age = 20 plus 6 months). Grade level was also associated with masculinity but not with femininity. One-way ANOVA findings for sex type categories and grade level are consistent with those found for age, $F(3, 216) = 2.95$, $p = .034$, but without significant differences between any two categories. Given the restricted ranges for age and grade level in the present

Table 11. Mean scores on ACT English and ACT Composite by Bem Sex Role Indicator sex type

BSRI sex type	ACT English		ACT Composite	
	<u>n</u>	<u>M</u>	<u>n</u>	<u>M</u>
Undifferentiated	32	23.09	33	23.36
Masculine	50	22.70	50	23.56
Feminine	54	22.98	55	22.62
Androgynous	35	21.14	35	21.71

Note. BSRI types are formed using the median to split groups into "high" and "low" on each of the two BSRI subscales: Undifferentiated type = masculinity < 5.0 and femininity < 5.6; Masculine type = masculinity > 5.0 and femininity < 5.6; Feminine type = masculinity < 5.0 and femininity > 5.6; Androgynous type = masculinity > 5.0 and femininity > 5.6.

sample, these findings may be underestimating the true differences between age groups.

Prior experience in counseling was positively correlated with femininity, $r = .16$, $p < .05$. Table 12 shows the breakdown of sex types by categories of counseling experience. When the entire sample is considered, there are few differences between sex types and duration of counseling, $\chi^2(12, N = 218) = 13.97$, $p = .303$. However, further analysis of those without any counseling experience compared to those with some counseling experience showed greater sex type differences, $\chi^2(1) = 4.17$, $p < .05$. Those typed as feminine or androgynous made up 60% of those with counseling experience compared to 47.3% of those with no counseling

Table 12. Percentages of Bem Sex Role Indicator (BSRI) types by counseling experience ($N = 218$)

BSRI sex type	# of counseling sessions									
	None \underline{n}	%	1 to 8 \underline{n}	%	9 to 25 \underline{n}	%	26 to 50 \underline{n}	%	over 50 \underline{n}	total %
Undifferentiated	29	19.6	11	22.0	2	15.4	0	0.0	0	19.3
Masculine	49	33.1	12	24.0	2	15.4	1	16.7	0	29.4
Feminine	41	27.7	17	34.0	3	23.1	2	33.3	0	28.9
Androgynous	29	19.6	10	20.0	6	46.2	3	50.0	1	22.5

Note. BSRI types are formed using the median to split groups into "high" and "low" on each of the two BSRI subscales (Undifferentiated type = masculinity < 5.0 and femininity < 5.6; Masculine type = masculinity > 5.0 and femininity < 5.6; Feminine type = masculinity < 5.0 and femininity > 5.6; Androgynous type = masculinity > 5.0 and femininity > 5.6).

experience, and this finding suggests that the BSRI may reflect values associated with being in counseling. In addition, when considering only those with counseling experience, results show a relationship between sex type and length of counseling experience, $\chi^2(3) = 16.12$, $p < .01$. The data suggest a trend with those with greater counseling experience moving towards higher numbers in the androgyny category, though admittedly, the numbers of those with greater than eight sessions are small.

Table 13 breaks down sex types by overall opinion of counselors and the findings are consistent with those above. Those with more negative views of counselors in general tended to be categorized as undifferentiated or masculine types, whereas those classed as feminine or androgynous tend to rate their impressions of counselors as higher. The overall effect was significant, $\chi^2(9) =$

Table 13. Percentages of Bem Sex Role Indicator (BSRI) types by overall opinion of counselors ($N = 217$)

BSRI sex type	Opinion of counselors										
	Extremely negative		Mostly negative		Mixed or neutral		Mostly positive		Extremely positive		total %
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	
Undifferentiated	0	0.0	3	33.3	19	21.8	18	16.1	1	11.1	18.9
Masculine	0	0.0	6	66.7	37	42.5	21	18.8	0	0.0	29.5
Feminine	0	0.0	0	0.0	18	20.7	41	36.6	4	44.4	29.0
Androgynous	0	0.0	0	0.0	13	14.9	32	28.6	4	44.4	22.6

Note. BSRI types are formed using the median to split groups into "high" and "low" on each of the two BSRI subscales (undifferentiated type = masculinity < 5.0 and femininity < 5.6; masculine type = masculinity > 5.0 and femininity < 5.6; feminine type = masculinity < 5.0 and femininity > 5.6; androgynous type = masculinity > 5.0 and femininity > 5.6).

34.03, $p < .001$, however, there were a very limited number of negative ratings showing a most positive impression of counselors overall.

Moral Development

The Defining Issues Test (DIT)

The Defining Issues Test was utilized to provide a measure of moral development and to explore whether moral reasoning had an impact on judgments of ethicality. Two primary scores are reported, principled reasoning (P-score) and the Davison Developmental Index (D-score). In addition, stage scores are determined for six developmental stages, each of which corresponds to a sequence of progressively higher levels of moral development. The P-score represents the

magnitude of "principled reasoning", the highest stage of reasoning. It is reported as the percentage of all principled reasoning items ranked as most important across the three moral dilemma stories presented.

The Davison D-score, another developmental score utilized in the Defining Issues Test, represents the magnitude of rating preference for principled reasoning items over items that represent preconventional or conventional reasoning, lower levels of reasoning. This is a score based on the ratings of each item, and a lower score is indicative of greater preference for principled reasoning. Both principled reasoning and Davison D-scores obtained in this sample are directly comparable to those in the Defining Issues Test standardization sample.

Table 14 shows the results for the present study on the Defining Issues Test. Women scored significantly higher on the principled reasoning score than did men. Compared to the standardization sample mean for principled reasoning ($M = 34.77$, $SD = 16.67$, $N = 1080$) the present sample was quite similar. The DIT manual also provides norms for seniors in high school ($M = 31.03$, $SD = 13.90$, $N = 270$), and norms for a group of college students ($M = 43.19$, $SD = 14.32$, $N = 270$). The results from the current sample appear closer to the norm sample for seniors in high school, but consistent with scores to be expected for young college students.

Due to scoring procedures for the D-score, higher scores represent a preference for lower moral development levels. Similar to the gender patterns for principled reasoning, the Davison D-score differences were reversed, with men scoring higher than women. This is consistent with scores for principled reasoning, with women in this sample showing a preference for principled reasoning over conventional and pre-conventional reasoning. As with the P-scores, the present sample's Davison D-score was comparable to the standardization sample's mean

Table 14. Means, standard deviations and t scores for the Defining Issues Test stage scores, principled reasoning, and Davison D-score by gender ($n = 193$)

DIT Score	Male		Female		Total		t^a
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Stage 1	2.84	0.81	2.94	0.81	2.89	0.81	0.66
Stage 2	2.94	0.59	2.93	0.55	2.93	0.57	1.32
Stage 3	3.37	0.46	3.65	0.53	3.54	0.52	-3.87***
Stage 4	3.55	0.67	3.86	0.61	3.73	0.65	-3.30**
Stage 5	3.57	0.85	3.98	0.91	3.82	0.90	-3.20**
Stage 6	2.85	0.86	3.18	0.88	3.05	0.87	-2.59*
P-score	31.60	16.65	36.84	13.81	34.75	15.19	-2.37*
D-score	22.34	7.50	19.64	9.99	20.99	8.75	2.62*

Note. P-score = principled reasoning, D-score = Davison D-score. Males are coded "1" and females are coded "2".

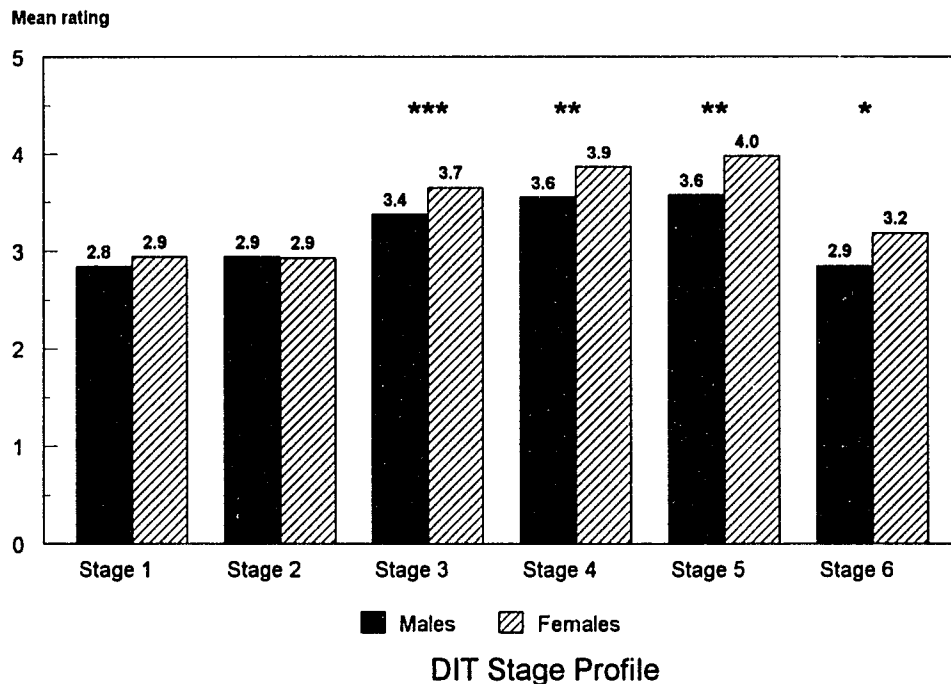
^a df for all t -tests = 191.

* $p < .05$. ** $p < .01$. *** $p < .001$.

($M = 20.86$, $SD = 10.00$), with the present sample's mean score ranking at approximately the 50th percentile.

Defining Issues Test stage profiles

Figure 1 illustrates the Defining Issues Test stage profiles of men and women for the data presented in Table 14 above. Stage 1 of the Defining Issues Test represents Kohlberg's Stage 2 described as the instrumental relativist orientation or the preconventional level of moral reasoning. The mean Stage 1 rating scores for



* $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 1. Defining Issues Test average stage ratings by gender ($n = 193$)

men and women were not significantly different. Stage 2 on the Defining Issues Test corresponds to Kohlberg's Stage 3, the first "conventional" level, a level of moral decisions based on the need for the approval of others. Here as in the first stage, men and women did not differ significantly in mean stage ratings. Stage 3 (Kohlberg's Stage 4) represents the "law and order" stage where concern for rules and authority is paramount. It is in this stage that the largest and most significant, $t(191) = 3.87$, $p < .001$, mean stage score differences are recorded. Women, $M = 3.65$, $SD = 0.53$, scored higher than men, $M = 3.37$, $SD = 0.46$, on average.

The next three stages (4, 5, 6) represent Kohlberg's principled reasoning stages (5A, 5B, and 6). Stage 4, includes the social contract; a legalistic orientation with

elements of an "anti-establishment" attitude. Encompassed in Stage 5 is the morality of intuitive humanism, whereas in Stage 6, the morality is represented by the ideal principle of social cooperation. As conveyed by Figure 1, there are significant differences in all three of these principled reasoning stages (4 - 6).

Though Rest (DIT Manual, 1990) does not recommend using stage scores for data analysis, the stage profile is useful in characterizing different groups. In this case, though women scored higher on principled reasoning, the profiles of men and women are largely similar, with Stage 5 being the highest relative to the others, followed by Stage 4 and Stage 3. This kind of progression tends to support the invariant stage progression assumption that is central to moral development theory.

It is also interesting to note that Stage 3, where the largest gender difference lies, is the stage that Gilligan believes is the stage that women consistently outscore men, because it is at this stage that the concern for the group, or the morality of relationships (in Gilligan's terms) is paramount. In fact, at least for his sample, the scores seem to favor women at most levels.

Reliability of Defining Issues Test

The reliabilities of Defining Issues Test scores and their relationships are addressed in Table 15. Coefficient alpha (α) overall for the Defining Issues Test is 0.77, which is only a moderate reliability coefficient. When alpha is calculated for each stage, the results indicate lower and often quite poor reliability. Perhaps this is why Rest (1990) does not recommend utilizing stage scores for other than profile purposes. Since reliability is influenced by the number of scale items, the reduction of stories from six in the long form, to three in the present study, may have served to compromise reliability. Stage 1 for instance, $\alpha = .23$, is made up of only two items,

Table 15. Correlation coefficients and reliability coefficient α for scores on the Defining Issues Test

DIT Scale	Stage						P Score
	1	2	3	4	5	6	
Stage 1	(0.23)						
Stage 2	0.16*	(0.54)					
Stage 3	-0.26**	-0.37**	(0.55)				
Stage 4	-0.14	-0.25**	-0.55**	(0.44)			
Stage 5	-0.11	-0.17*	-0.30**	0.09	(0.37)		
Stage 6	-0.10	-0.16	-0.06	-0.04	0.08	(0.29)	
P-score	-0.19**	-0.33**	-0.60**	0.86**	0.52**	0.26**	(0.66)
D-score	0.17*	0.22**	0.29**	-0.51**	-0.31	-0.11	-0.58**

Note. Coefficient alpha is displayed on the diagonals in parentheses. Scale for principled reasoning (P-score) is the combined items of Stage 4 through Stage 6. For the entire DIT ($n = 193$), $\alpha = 0.77$. D-score = Davison D-score.

* $p < .05$. ** $p < .01$.

as is Stage 5, $\alpha = 0.37$, and Stage 6, $\alpha = .29$. Principled reasoning, made up of Stages 4, 5 and 6 had an alpha equal to .66.

Correlates of Defining Issues Test

Correlations of the Defining Issues Test with measures of academic abilities are reported in Table 16. Intelligence has been reported to be highly correlated with the Defining Issues Test. In this study, correlation between the principled reasoning with ACTE and ACTC were 0.23 and 0.32, $p = < .01$, respectively, explaining 5% to 10% of the total principled reasoning variance. The lower stage scores (1, 2 & 3)

Table 16. Correlation coefficients of academic abilities and scores on the Defining Issues Test

DIT Score	Indicators of academic ability	
	ACT English (<i>n</i> = 173)	ACT composite (<i>n</i> = 175)
Stage 1	-0.06	-0.14
Stage 2	-0.11	-0.15*
Stage 3	-0.03	-0.06
Stage 4	0.17*	0.27**
Stage 5	0.19*	0.21**
Stage 6	0.13	0.05
P-score	0.23**	0.32**
D-score	-0.03	-0.11

* $p < .05$. ** $p < .01$.

were all negatively correlated with the both ACT subscores, and the only correlation of these that reached a magnitude of significance was the Stage 2 score with ACTC, $r = -.15$, $p < .05$. Stages 4 and 5 were both positively correlated with both ACT subscales, but the stronger correlations were with the ACTC scores, Stage 4, $r = .27$; Stage 5, $r = .21$, $p < .01$. These data suggest that a significant portion of the variance in the higher moral development stages are related to general academic abilities, and thus those higher stage scores may reflect more of the participant's cognitive development than moral development.

As shown in Table 17, there were few other significant correlates with either Defining Issues Test scores except for subject gender, but in the case of the

Table 17. Correlation coefficients of demographics and scores on the Prior Experience Questionnaire (PEQ) and the Defining Issues Test (DIT)

DIT Score	Demographic and PEQ items						
	Gender	Age	Grade	PEQ1	PEQ2	PEQ3	PEQ4
P-score	0.17*	0.03	-0.04	0.11	-0.01	0.07	0.08
D-score	0.19**	0.05	0.07	0.09	-0.02	0.06	0.19**

Note. PEQ1 = "Total # of counseling sessions", PEQ2 = "Have you personally experienced any behavior on the part of a counselor that you considered to be unethical?" PEQ3 = "Have you ever heard about someone else who has had an experience with a counselor that they considered to be unethical?" PEQ4 = "My overall impression of counselors and psychotherapists is:".

* $p < .05$. ** $p < .01$.

Davison D-score, there was a correlation with overall impression of counselors (PEQ4). As was seen earlier, women scored higher on principled reasoning than men, with the correlation of .17, $p < .05$, explaining almost three percent of the variance -- much higher than the 0.5% Rest (1990) suggests is the norm. Men score higher on the Davison D-score and because of the coding, the correlation is negative, male = 1, female =2; $r = -.19$, $p < .01$.

Principled reasoning did not correlate with age or grade level, with experience in counseling (PEQ1), or prior experience of unethical behaviors (PEQ2 & PEQ3). However, it is interesting to note that higher opinion ratings of counselors and therapists were associated with higher scores on the Davison D-score ($r = .19$, $p < .01$) but not with P-scores. Here again the data suggest that the Davison D-score

and principled reasoning are likely assessing different constructs, but their relationship to general impressions of counselors is unclear at present.

Table 18 shows the frequency distribution for the relationship between the Defining Issues Test and the Bem Sex Role Inventory. The only significant correlation, $r = .16$, $p < .05$, is between femininity and the Davison D-score, and this is seen in the significant ANOVA for the Davison D-score by sex type. Scheffe's multiple range test resulted in a significant difference between group mean scores for those classed as feminine and those grouped as undifferentiated at the .05 level. This negative correlation between the Davison's index and femininity is no doubt affected by the unequal distribution of males and females in the categories of "Undifferentiated" and "Feminine" types (see Table 9).

Table 18. Principled reasoning and Davison D-score means and standard deviations by Bem Sex Role Inventory (BSRI) types.

BSRI sex type	<u>n</u>	Principled ^a reasoning		Davison ^b index	
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Undifferentiated	42	32.3	14.3	24.0	7.0
Masculine	64	33.7	16.1	22.4	7.4
Feminine	63	35.0	16.2	19.4	7.4
Androgynous	49	33.1	14.0	21.8	8.4

^aOne-way ANOVA for principled reasoning by sex type; $F(3, 217) = 0.30$, $p = .825$.

^bOne-way ANOVA for Davison D-score by sex type, $F(3, 217) = 3.64$, $p = .014$. Mean scores on Davison D-score were significantly different for feminine and undifferentiated sex types using Scheffe's multiple range test at .05 level.

Moral Orientation

Moral Challenge Stories

The concept of moral development as measured by Kohlbergian methodologies has been challenged by a number of researchers (especially Gilligan, 1982; 1983) in favor of the concept of moral orientation. Moral orientation as a construct suggests that moral development does not proceed along a unidimensional path, but can be characterized by a number of separate and independent dimensions. Gilligan's theory of moral orientation suggests one such alternative path of moral development, characterizing this development along the lines of a morality of caring as opposed to Kohlberg's characterization of a morality of justice.

In order to provide for alternative orientations, each participant was asked to provide answers to questions on the Moral Challenge Questionnaire (Appendix A), and in this manner 213 Moral Challenge Stories were obtained. Their content was analyzed according to the protocol developed in The Readers Guide (Appendix B) by three female undergraduate students raters each of whom (for research credit) provided ratings for all 213 stories (including 6 stories repeated in each group for a total of 231 story ratings).

Table 19 shows the classifications of Moral Challenge Stories by the frequency of the story's content. It delineates six broad themes, distilled from an initial classification of stories into 16 categories (see Table 38, Appendix C for a full listing). The first theme of "Honesty" involved stories about whether to cheat on exams, decisions about lying or telling the truth to parents or friends, and stories about stealing or breaking the law (see Appendix D for sample stories). The second category, "To have sex" are stories about the decisions and consequences of

Table 19. Percentage classifications of Moral Challenge Stories by gender

Moral Challenge Story classification	Male (<u>n</u> = 89)		Female (<u>n</u> = 122)		Total (<u>N</u> = 211)	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
To have sex	9	10.1	26	21.3	35	16.4
Honesty	21	23.6	23	18.9	44	20.7
Using alcohol or drugs	17	19.1	17	13.9	34	16.9
Interventions	16	18.0	19	15.6	35	16.4
Relationships	11	12.4	22	18.0	33	15.5
General decisions	15	16.9	15	12.3	16	14.1

Note. There were no significant differences in story categories between men and women, $\chi^2 (5, N = 211) = 7.29, p = .200$.

engaging in sexual intercourse. This story theme was the single most often reported type, in the initial 16 story classification. The choice to initially use alcohol or drugs was the next most frequent category, and accounts in this category often centered on the role of peer pressures in these kinds of decisions. Stories about the first use of alcohol (n = 25) were far more prevalent than the decision to use illegal drugs (n = 9). The fourth category, "Interventions" entailed stories about the dilemmas of intervening in someone else's life, for example, to stop a friend's drug or sexual abuse, or to report the illegal activities of another person to the authorities. One story in this group was a dilemma of a young man, who felt ashamed at his inaction when a friend of his called a minority person by a racial slur. The fifth category or theme was centered on dilemmas of relationships;

whether to break-up or initiate a relationship, the difficulties experienced when parents divorce, or decisions to join or leave groups (sports teams, colleges, or friends). The final category, "General decisions" were stories about difficult decisions that were otherwise not classifiable in the other major categories. By limiting story types to the above categories, 4 stories were considered unclassified and omitted from further analysis. Thus, a total of 211 Moral Challenge Stories from the original 215 were used for subsequent data analysis.

Rating the Moral Challenge Stories

As described in The Reader's Guide (Appendix B), judges read each story to determine the moral orientation of the respondents and whether that moral orientation would be best characterized as representative of (1) a justice orientation, (2) a relationship orientation, (3) a mixture of both orientations, or (4) an unknown or uncodeable orientation. Raters provided a three digit code for each story rated which provided logical categories to identify moral orientation. Each digit of the code represents a rating of the story along three separate dimensions. These dimensions include the following. Dimension 1, "Presence", indicates the presence and or the absence of either of the two moral orientations of care or justice. Dimension 2, "Predominance", characterizes the relationship between the two moral orientation in terms of which moral orientation is more strongly articulated. The third dimension, "Alignment" refers to where the "voice" of the narrative becomes focused and how (or if) this voice is identified with the self. Often this was implied by the actions the narrator took to resolve the dilemmas, or in the regret they articulated when they looked back, having realized they made the "wrong" decision for themselves.

Table 20 displays the results of the categorization of Moral Challenge Stories into four categories of care, justice, mixed (having features of both moral orientations), and uncoded broken down by gender. The largest category was the care orientation ($n = 96$), comprising almost half of the stories provided by the sample. There was a larger proportion of women (52.5%) in this category than men (35.2%). This is consistent with Gilligan's idea that women, when allowed to produce their own stories (rather than respond to hypothetical ones) will more likely produce stories centered around "women's" concerns, and utilize a caring or relationship focused orientation. Those who provided stories that were uncodeable were more likely to be men, $r = 0.19$, $p = .01$. It is possible that since all raters were female the ensuing ratings favor women, or, that men in this sample have less ability or willingness to disclose their stories related to moral dilemmas.

Table 20. Frequency distributions and category percentages for ratings of Moral orientation by gender

Moral orientation ^a	Male ($n = 91$)		Female ($n = 122$)		Total ($N = 213$)	
	n	%	n	%	n	%
Care	32	35.2	64	52.5	96	45.1
Justice	33	36.3	37	30.3	70	32.9
Mixed	14	15.4	17	13.9	31	14.6
Uncoded	12	13.2	4	3.3	16	7.5

^aSignificant difference between group (male vs. female) distribution of ratings across all orientations, $\chi^2 (3, N = 213) = 10.90$, $p = .012$.

Almost a third of stories (32.9%) were rated as representative of the justice orientation, with a slightly greater proportion of men (36.3%) to women (30.3%) coded in this type. Those in the mixed category presented features of both moral orientations and resulted in an approximately even percentage of men (15.4%) to women (13.9%). Males and female differed in the uncoded category, the category where there was no clear articulation of either (or any) moral orientation. In this domain, males outnumbered females four to one, $\chi^2 (1, n = 96) = 6.81, p < .01$. Overall, there was a significant difference in how the judges categorized the stories generated by males and females, $\chi^2 (3, N = 213) = 10.90, p = .01$. The largest contribution to these differences can be attributed to the categories of care and uncoded.

Interrater agreement

A measure of reliability coefficient κ , and test statistic Z , were computed to determine the degree to which agreement between Moral Challenge Stories raters was better than a mere chance (see Table 21). Moral Challenge Stories were distributed in four separate sessions over a period of 6 weeks and each story coded independently by each judge. There were six stories that were repeated throughout the 4 groups as a test of the consistency of judgments of the same story over time (for the distribution of raw scores, see Table 39 in Appendix C). Overall, percentage of agreement (after final classification) was 60%, $\kappa = 0.39$, across all story ratings. This finding represents a significant improvement over agreement expected by chance, $Z = 20.87, p < .001$. Percentage of agreement ranged between 46% (between raters 2 & 3 for the second group of stories) and 68% (between raters 1 & 3 for the second group). The agreement ranged between 53% and 65% for all stories between pairs of raters.

Table 21. Percentage of observed interrater agreement and kappa coefficients (κ) for ratings of Moral Challenge Stories by rater pairs across story groups

Rater pairs	Group 1		Group 2		Group 3		Group 4		Total	
	%	κ	%	κ	%	κ	%	κ	%	κ
1 & 2	60	0.39	62	0.40	66	0.49	59	0.42	62	0.43***
1 & 3	60	0.39	68	0.47	66	0.48	66	0.49	65	0.46***
2 & 3	53	0.28	46	0.20	66	0.50	46	0.22	53	0.30***

Note. Overall percentage of observed interrater agreement = 60%, $\kappa = 0.39$. Significant difference between observed overall interrater agreement and interrater agreement expected by chance, $Z = 20.87$, $p < .001$.

*** $p < .001$.

Between pairs of raters, there was significant reliability coefficients (κ) across all stories between raters 1 & 2, $Z = 13.19$, $p < .001$, raters 1 & 3, $Z = 13.94$, $p < .001$, and raters 2 & 3, $Z = 9.42$, $p < .001$. These coefficients are good evidence that the Reader's Guide protocol provides valid criteria for making the rather complex judgments to classify participant's moral orientation using their Moral Challenge Stories. Across the four groups of stories, 6 stories were repeated (four stories chosen at random from those provided by the participants, and 2 written by this writer). Raters agreed with themselves (an internal consistency check) approximately 67% overall, $\kappa = 0.42$, $Z = 5.70$, $p < .001$.

Figure 2 depicts the percentages of each of the six story types by ratings of moral orientation. Moral Challenge Stories on the theme of sex comprised about 16% of all stories. Of these stories, about 10% were comprised of stories given the care orientation, about 5% the justice orientation, and about 2% of the mixed orientation. There were no stories in the sex category that were uncodeable.

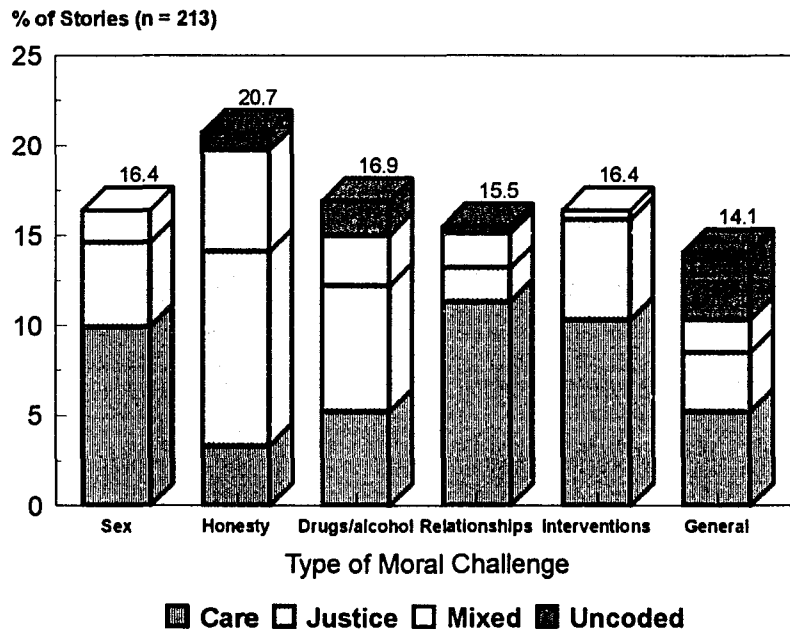


Figure 2. Percentage of Moral Challenge Stories by type of story and Moral orientation

Overall, there were significant differences for story type by moral orientation with $\chi^2(12) = 11.37, p = .50$.

Table 22 shows the distribution of Moral Challenge Story types and the final moral orientation assigned by the rating process. Stories about sex were rated with a care orientation about 60% of the time while relationship stories were rated about 73% as a care narrative. If we look at the next category of honesty we find that these stories were more likely rated as representing a justice orientation as were stories about drugs and alcohol. However, these stories about drug and alcohol use were also rated as care stories (30.6%).

Table 22. Frequency distributions of moral orientation by Moral Challenge Story type

Moral Challenge Story type	Moral Orientation									
	Care		Justice		Mixed		Uncoded		total	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Sex	21	60.0	10	28.6	4	11.4	0	0.0	35	16.4
Honesty	7	15.9	23	52.3	12	27.3	2	4.5	44	20.7
Drugs/alcohol	11	30.6	15	41.7	6	16.7	4	11.1	36	16.9
Relationships	24	72.7	4	12.1	4	12.1	1	3.0	33	15.5
Interventions	22	62.9	12	34.3	1	2.9	0	0.0	35	16.4
General	11	36.7	7	23.3	4	13.3	8	26.7	30	14.1
Sub-Total	96	45.1	71	33.3	31	14.6	15	7.0	213	100.0

Note. Significant differences overall for story type by moral orientation; $\chi^2(15, N = 213) = 63.35, p < .001$.

Relationships stories were rated more often as care oriented and rated less often as belonging in other classifications. Interventions were rated most highly as care or justice but rarely with the mixed orientation or as uncoded. Stories of the general category were rather evenly distributed across the story types with the largest percentage of uncoded stories falling in this story type. This finding may be due in part to the fact that a number of these stories were described by the judges as not involving true moral dilemmas at all, but rather were characterized as narratives of difficult decision-making without articulated moral conflicts.

Correlates of moral orientation

Gender Given the relationship between story type and moral orientation ratings, $\chi^2(15) = 63.35$, $p < .001$, the following section will report results for moral orientation and story types relative to other independent variables. As reported above (in Table 20), there were differences between men and women in the moral orientation ratings, however, there were not significant differences overall in the type of stories provided by men and women, $\chi^2(5) = 23.00$, $p = .289$. This suggests that although men and women reported stories of similar experiences, they tended to characterize these experiences by using different moral orientations, a notion consistent with Gilligan's interpretation (1982, 1983).

Academic ability Table 23 shows mean ACT scores for the four categories of moral orientation. As shown, there were some differences for ACT English scores between those grouped as having a care orientation versus those with an uncoded orientation. Those with a care orientation tended to have a significantly higher score on the ACTE, as shown in one-way ANOVA of ACT scores by moral orientation categories, $F(3, 167) = 4.49$, $p = .005$. These results were not consistent with ACT composite scores, $F(3, 167) = 2.41$, $p = .069$, nor were there any significant differences by story type for either ACT English, $F(5, 167) = 1.06$, $p = .387$, or ACT composite scores, $F(5, 169) = 0.90$, $p = .482$. This suggests that obtaining a moral orientation of care may be somewhat a reflection of the ability to effectively verbalize (in narrative form) care, where those with less effective verbal skills are more limited in their ability to express the same degree of care. This represented one weakness of the written version of the Moral Challenge Questionnaire, in that it requires the ability to effectively use verbal skills. One could argue however, that the ability to care is intimately related to the ability to

Table 23. Mean score distribution for ACT English and composite scores by moral orientation category

Moral orientation	ACT English			ACT Composite		
	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>
Care	74	23.51	3.88 ^a	75	23.36	3.65
Justice	55	22.49	4.25	55	23.07	3.99
Mixed	25	21.36	3.68	26	22.00	3.46
Uncoded	14	19.71	4.30 ^a	14	20.79	3.60

^aSignificant difference between mean scores for indicated groups on ACT English using Scheffe's multiple range procedure, $p < .05$.

express caring and therefore these results may also provide some evidence of construct validity.

Prior counseling experience There were few significant results in the analysis of counseling experience and the moral orientation or type of stories offered by participants in this study. Table 24 shows the distribution by percentage of moral orientation categories and story types differentiated by those with no prior counseling experience versus those with at least some prior counseling experience. Overall, the chi-square results were not significant for either moral orientation or story type. However, for the type of story centered on the use of alcohol or drugs, there were a significantly greater percentage of students that described moral dilemmas of this story type and counseling experience were small but significant, $\chi^2 = .21$, $p < .01$.

Table 24. Frequency distribution for prior counseling experience by moral orientation and Moral Challenge Story type

Category	Without prior counseling experience		With prior counseling experience	
	<u>n</u>	%	<u>n</u>	%
<u>Moral Orientation</u>				
Care	62	42.8	34	50.0
Justice	49	33.8	21	30.9
Mixed	20	13.8	11	16.2
Uncoded	14	9.7	2	2.9
<u>Story type</u>				
Sex	20	14.0	15	22.1
Honesty	28	19.6	16	23.5
Drugs/alcohol	30	21.0	4	5.9
Relationships	24	16.8	9	13.2
Interventions	21	14.7	14	20.6
General	20	14.0	10	14.7

Note. Number of subjects may not add to 100% due to missing data. There were no significant group differences for moral orientation, $\chi^2 (3) = 3.62$, $p < .50$, or type of story, $\chi^2 (5) = 10.03$, $p < .10$, for those who had no counseling experience and those who had at least some counseling experience.

Other counseling experience variables were not significantly related to moral orientation. Direct experience of unethical behaviors by a therapist did not vary for moral orientation, $\chi^2 (6) = 4.38$, $p = .625$, nor was second-hand knowledge of unethical behaviors, $\chi^2 (6) = 4.26$, $p = .641$, related to moral orientation. Consistent with these data, chi-square analysis of the type of story was not significant with the

ratings by those who had direct experience of unethical behaviors on the part of a counselor, $\chi^2 (10) = 10.87$, $p = .368$, or with the ratings of those who had second-hand experience of unethical behavior, $\chi^2 (10) = 7.30$, $p = .697$. Finally, participant's overall impression of counselors were not related to their moral orientation, $\chi^2 (9) = 9.99$, $p = .351$, or to the type of story presented, $\chi^2 (15) = 17.00$, $p = .319$.

Sex role One-way ANOVA were conducted using Bem's sex role scores on masculinity and femininity. Results obtained were not significant for masculinity by moral orientation categories, $F (3, 211) = 0.58$, $p = .631$, or for femininity and moral orientation, $F (3, 211) = 1.19$, $p = .314$. One-way ANOVA for masculinity and type of story, $F (5, 209) = 1.12$, $p = .350$, was not significant and neither was the results for femininity, $F (5, 209) = 0.77$, $p = .576$.

Moral development Table 25 shows the distribution of mean scores for the Defining Issues Test scores for principled reasoning and on the Davison D-score by moral orientation categories and Moral Challenge Story types. One-way ANOVA of principled reasoning by moral orientation was not significant, $F (3, 213) = .77$, $p = .514$, and principled reasoning by type of moral challenge story was also not significant, $F (5, 211) = 0.93$, $p = .466$. However, for the Davison D-score, one-way ANOVA tests were both significant for moral orientation, $F (3, 213) = 6.35$, $p = .000$, as well as type of story, $F (5, 211) = 2.52$, $p = .031$. Apparently the Davison D-score is more sensitive to these differences than is the score for principled reasoning. Using Scheffe's multiple range test (as noted in Table 25), there is a significant difference of group means at the .05 level between uncoded moral orientation and the other three orientations. In addition, there is a significant difference of group means on the Davison D-score for those who provided stories classed as

Table 25. Mean score distribution for Defining Issues Test by moral orientation category and Moral Challenge Story type

Category	n	Principled reasoning		Davison index	
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>Moral Orientation</u>					
Care	96	33.33	15.73	21.28	8.08
Justice	70	34.57	14.77	20.66	6.60
Mixed	31	35.27	15.05	20.86	5.50
Uncoded	17	29.02	10.12	29.00	8.40 ^a
<u>Story type</u>					
Sex	35	35.52	14.23	21.34	6.16
Honesty	44	33.33	12.80	20.68	7.60
Drugs/alcohol	35	30.29	15.18	22.48	14.60
Relationships	33	34.04	17.59	21.88	6.90
Interventions	35	37.24	15.85	18.54	7.50 ^b
General	30	32.22	14.34	24.68	8.44 ^b

Note. No significant differences between group means for care, justice, or mixed categories for principled reasoning or Davison D-score.

^aUncoded category significantly different from care, justice and mixed categories for Davison D-score using Scheffe multiple range test, $p < .05$.

^bSignificant difference between interventions and general story types for Davison D-score using Scheffe multiple range test, $p < .05$.

interventions, compared to those whose stories were classed in the general category.

Ethical Judgments

The core feature of this study involved the behaviors of counselors and therapists and the ethical judgments that the research participants made about them. This final section is about the dependent measures that were computed from the instrument developed expressly for this research, the Ethics Questionnaire.

Ethics Questionnaire

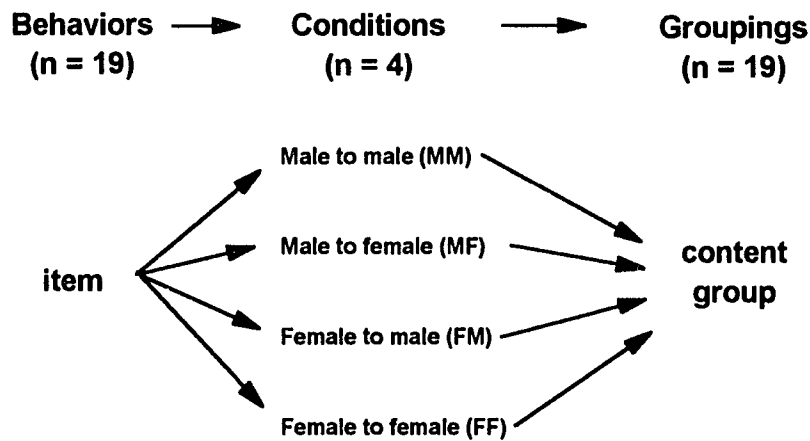
The Ethics Questionnaire (EQ), a 76 item survey of therapist behaviors, was comprised of 19 items each depicting a behavioral event, usually an interaction between a therapist and a client. Gender attributes were then added and systematically varied to provide a two by two interaction between gender of therapist and gender of client (four gender interaction conditions) to produce the 76 items of the Ethics Questionnaire. Table 26 is a listing of each generic content item that was utilized in the EQ. Each item is reproduced four times with four different gender interactions and the ratings are summed to create 19 content groups. A visual example of how the items were utilized is provided in Figure 3. Each generic behavioral event is repeated four times making up the four gender interaction conditions, and thus forms the basis for each content group.

Table 27 shows descriptive statistics for the 19 item groups of the Ethics Questionnaire for men and women. Items are arranged in order of high to low mean ratings given by the participants (ethical judgments), and displayed by gender. Across all 19 items, women gave lower ratings than did men, with many of these differences statistically significant. These current findings replicate earlier research (Schwabach, 1991). Those items rated least ethical had among the greatest gender

Table 26. Ethics Questionnaire (EQ) generic item content descriptions

EQ #	Content Item	Generic Description
1.	Event	A ___ therapist goes to a ___ client's special event (e.g., wedding).
2.	Invites	A ___ therapist invites a ___ client to a party or social event.
3.	Favors	A ___ therapist asks favors (e.g., a ride home) from a ___ client.
4.	Accepts	A ___ therapist accepts a ___ client's invitation to a party.
5.	Friends	A ___ therapist becomes social friends with a ___ former client.
6.	Cries	A ___ therapist cries in the presence of a ___ client.
7.	Hugs	A ___ therapist hugs a ___ client.
8.	Name	A ___ therapist has a ___ client address her (him) by her (his) first name .
9.	Card	A ___ therapist sends a holiday greeting card to her (his) ___ client.
10.	Professor	A ___ counseling professor provides therapy to her (his) ___ students.
11.	Tells	A ___ therapist tells a ___ client, "I am sexually attracted to you."
12.	Nude	A ___ therapist leads nude group therapy or "growth" groups with ___ (male or female only, or men and women) clients.
13.	Kiss	A ___ therapist kisses a ___ client.
14.	Allows	A ___ therapist allows a ___ client to disrobe.
15.	Fantasy	A ___ therapist engages in a sexual fantasy about a ___ client.
16.	Sex	A ___ therapist becomes sexually involved with a ___ former client.
17.	Feels	A ___ therapist feels sexually attracted to a ___ client.
18.	Disrobes	A ___ therapist disrobes in the presence of a ___ client.
19.	Erotic	A ___ therapist engages in erotic activity with a ___ client.

Note. Generic items were used in the Ethics Questionnaire with gender interactions explicitly indicated in the blanks to create 76 questions (4 x 19) overall.



Note. Ratings on each separate item (behaviors = 19) for all conditions (gender interactions = 4) are added to create 76 separate total items in 19 content groups.

Figure 3. Flow chart showing item by condition content groups

differences in ratings, although this trend varied by condition. Content group means were computed by summing the four item ratings for each gender interaction condition. Because they have the same generic content, they are, in effect, a repeat-measure variable. Differences between men and women for these content groups ranged from 0.19 for the "Professor", $t(218) = 0.36$, $p = .725$, to 2.54 for the "Allows" question, $t(218) = 5.39$, $p < .001$.

Figure 4 graphically displays the means for each content groups, made up of the four gender interaction conditions and summed. It is easy to see that the item that was most similar between men (average rating = 3.5) and women (average rating = 3.4) for the Dual Relations factor was the one labeled "Professor" ("A ... counseling professor provides therapy to her [his] students), while the item that was most different between men (average rating = 3.2) and women (average rating = 2.7) was "Favors" ("A ... therapist asks favors [e.g., a ride home] from a ... client").

Table 27. Means, standard deviations, and t values for Ethics Questionnaire (EQ) content groups by gender

EQ Content Group	Men (n = 95)		Women (n = 125)		Δ	t
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
Card	15.91	3.07	15.16	4.24	0.75	1.51
Name	15.82	3.27	15.31	3.85	0.51	1.06
Friends	15.34	3.34	14.61	3.46	0.73	1.58
Event	15.04	3.16	14.35	3.89	0.69	1.45
Professor	13.94	3.70	13.75	4.11	0.19	0.36
Hugs	13.99	2.77	13.26	3.42	0.73	1.74
Accepts	13.22	3.65	11.53	4.10	1.69	3.23**
Favors	12.71	4.18	10.60	4.07	2.11	3.74***
Invites	12.76	3.72	11.41	3.71	1.35	2.67**
Cries	12.25	4.10	10.48	4.51	1.77	3.04**
Nude	9.44	3.35	8.09	4.10	1.35	2.69**
Feels	9.31	3.85	8.05	4.20	1.26	2.30*
Sex	8.98	3.30	8.52	4.15	0.46	0.91
Fantasy	8.38	3.79	7.26	3.91	1.12	2.13*
Allows	9.04	3.37	6.50	3.58	2.54	5.39***
Kiss	7.77	2.70	6.11	3.09	1.66	4.24***
Tells	7.14	3.27	5.53	3.06	1.61	3.72***
Erotic	6.93	3.03	5.10	3.12	1.83	4.38***
Disrobes	6.92	2.72	5.13	3.14	3.78	4.51***

* $p < .05$. ** $p < .01$. *** $p < .001$.

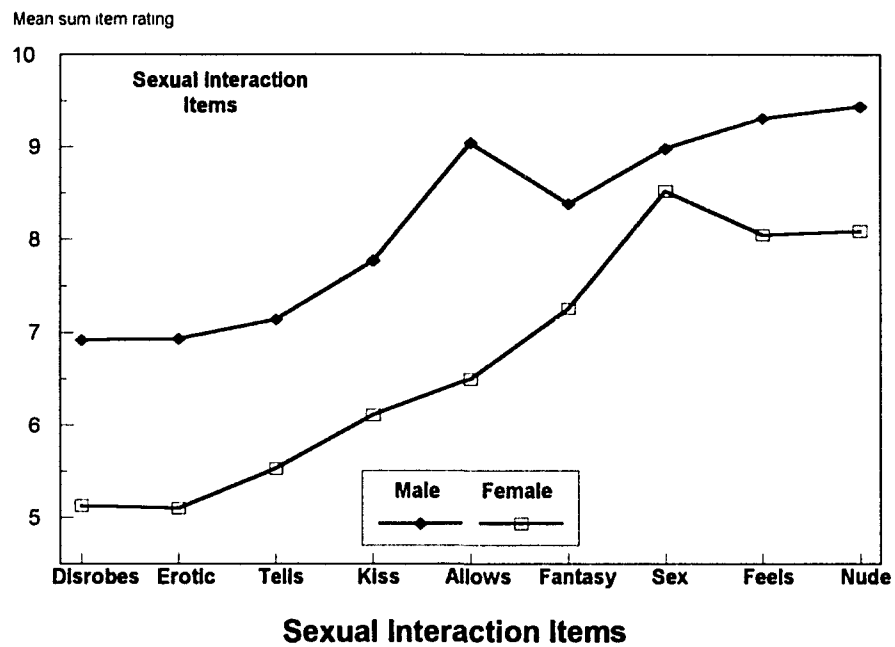
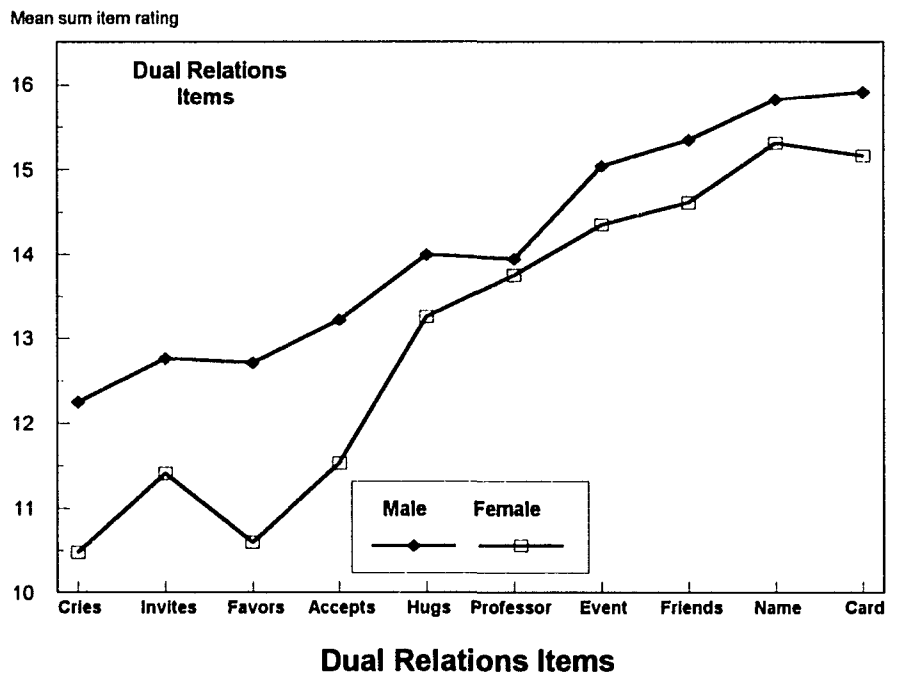


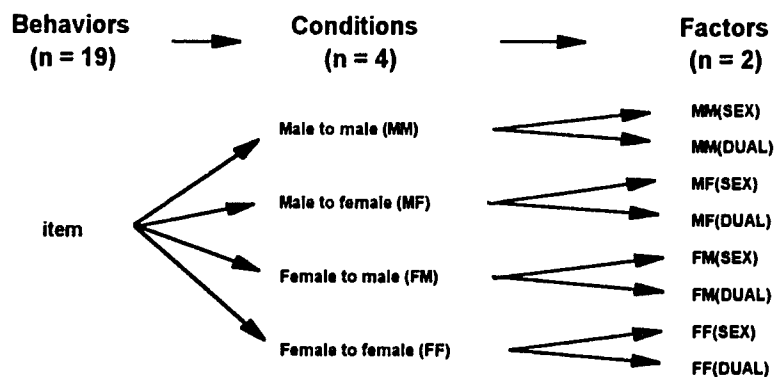
Figure 4. Mean ratings for Dual Relations and Sexual Interaction items by gender

Factor structure of the Ethics Questionnaire

Items chosen for inclusion in the Ethics Questionnaire were selected on the basis of an earlier principle components factor analysis (Schwabach, 1991). A new factor analysis was performed to confirm the original factor structure. The best factor analytic solution was obtained with a two factor orthogonal varimax rotation performed for each gender interaction condition via a principal components analysis using 1.0 as an initial commonality estimate. Scree plots were analyzed and a two factor solution based on eigenvalues exceeding the value of 1.0 was adopted.

Figure 5 graphically depicts how each item, drawn from the appropriate content group, loads on one or the other of two factors -- the Sexual Interactions factor or the Dual Relations factor.

Table 28 displays the two factor solutions for items depicting the male therapist, female client condition, MFDual, and the female therapist, male client condition, FMDual. The first ten items in the table list those items in each condition that load



Note. Each separate behavioral item (n = 19) for all conditions (gender interactions = 4) loads differently on each of two factors (SEX = Sexual interactions factor, Dual = Dual relations factor).

Figure 5. Flow chart showing dependent variables of the Ethics Questionnaire

Table 28. Rotated factor loading matrix on the Ethics Questionnaire (EQ) factors for items depicting male therapist to female client (MF) and female therapist to male client (FM) interactions

EQ Item # Content	MF			FM		
	(Sex)	(Dual)	h^2	(Sex)	(Dual)	h^2
1. Event	0.21	<u>0.78</u>	0.61	-0.00	<u>0.63</u>	0.39
2. Invites	0.27	<u>0.71</u>	0.58	0.29	<u>0.72</u>	0.61
3. Favors	0.26	<u>0.69</u>	0.54	0.42	<u>0.62</u>	0.57
4. Accepts	0.29	<u>0.65</u>	0.50	0.29	<u>0.72</u>	0.60
5. Friends	-0.05	<u>0.75</u>	0.56	0.03	<u>0.70</u>	0.49
6. Cries	0.31	<u>0.36</u>	0.23	0.33	<u>0.45</u>	0.31
7. Hugs	0.10	<u>0.58</u>	0.34	0.18	<u>0.66</u>	0.47
8. Name	-0.20	<u>0.57</u>	0.37	-0.13	<u>0.58</u>	0.35
9. Card	-0.16	<u>0.75</u>	0.58	0.01	<u>0.77</u>	0.59
10. Professor	0.07	<u>0.57</u>	0.33	-0.08	<u>0.55</u>	0.31
11. Tells	<u>0.79</u>	0.13	0.64	<u>0.84</u>	0.07	0.71
12. Nude	<u>0.70</u>	-0.05	0.50	<u>0.67</u>	0.03	0.45
13. Kiss	<u>0.72</u>	0.10	0.52	<u>0.73</u>	0.20	0.57
14. Allows	<u>0.80</u>	0.00	0.64	<u>0.65</u>	-0.01	0.42
15. Fantasy	<u>0.64</u>	0.23	0.47	<u>0.62</u>	0.12	0.40
16. Sex	<u>0.39</u>	0.46	0.36	<u>0.49</u>	0.28	0.59
17. Feels	<u>0.66</u>	0.33	0.55	<u>0.68</u>	0.27	0.54
18. Disrobes	<u>0.77</u>	-0.13	0.60	<u>0.85</u>	-0.08	0.73
19. Erotic	<u>0.83</u>	0.03	0.69	<u>0.85</u>	-0.04	0.72

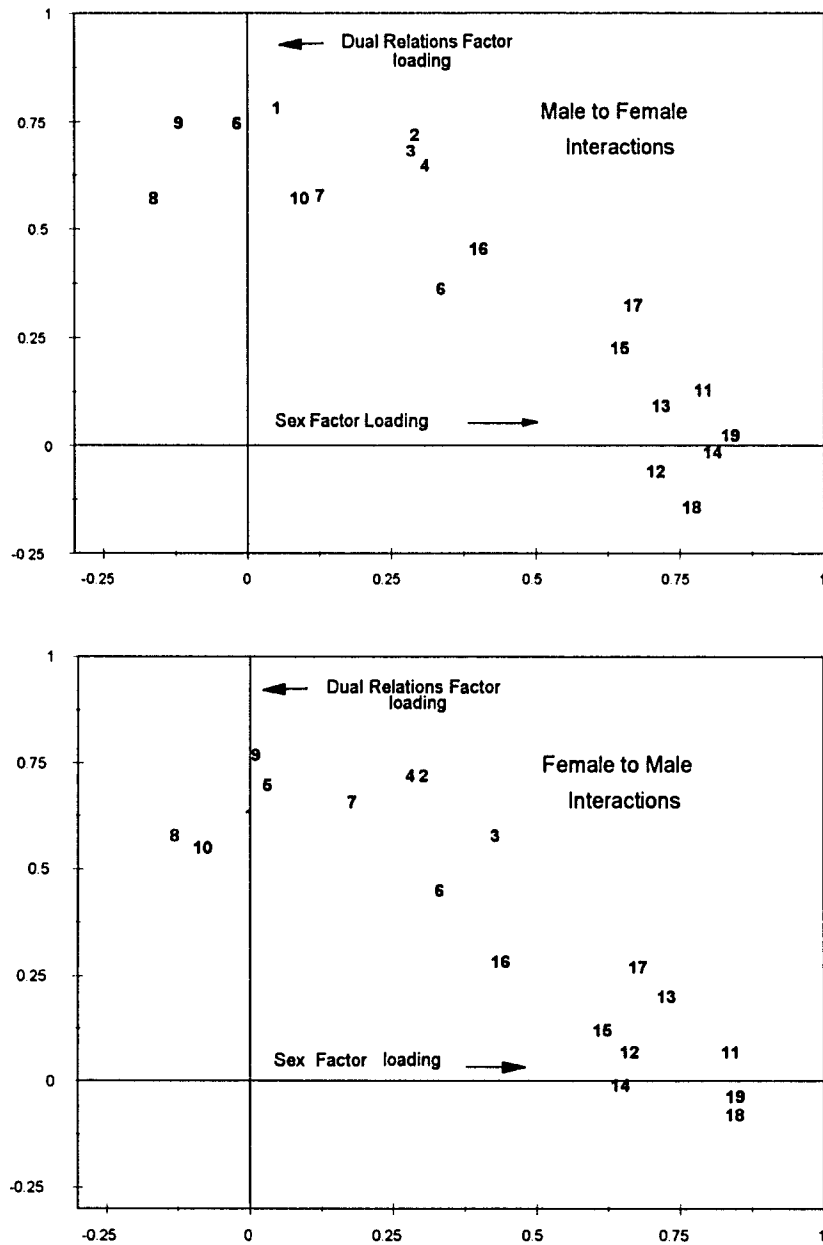
Summary Statistics:

Eigenvalue	5.94	3.68	9.62	5.61	3.18	8.79
% Total Var	31.30	19.30	50.60	33.00	18.70	51.70
% Common Var	61.75	38.25	100.00	63.82	36.18	100.00

Note. Loadings underlined indicate inclusion in the factor used in subsequent data analysis for that condition. MF = male therapist, female client; FM = female therapist, male client condition.

best on the Dual Relations factor designated as either MFDual or FMDual. The nine items that remain are those items in each condition that load best on the Sexual Interactions factor designated as either MFSex or FMSEX. Summary statistics are shown for each table at the bottom. The two factor solution for the male therapist, female client condition, MFSEX plus MFDual, accounts for approximately 51% of the total variance of those items (eigenvalue = 9.62), whereas the solution for the female therapist, male client condition, FMSEX plus FMDual, accounts for approximately 52% of the total variance (eigenvalue = 8.79). These factor loadings can best be viewed graphically as shown in Figure 6. Item numbers are used to locate the factor loadings in rotated factor space using the Sexual Interaction factor loadings as the X-axis, and the Dual Relations factor loadings along the Y-axis. Both the male therapist, female client, MF, and the male therapist, female client, MF, factor structures appear largely similar, with a few variations on individual item locations. A number of items occupy a mid-space region (i.e., Item 6 = cries, and Item 16 = sex) and these reflect the items that load more evenly on both factors. The factor loadings pictured for these factors is suggestive of an oblique factor structure, as there were some correlations between the two factors. For the purpose of analysis, the loadings underlined were those included in subsequent data analysis.

There are some subtle but observable differences between the two plottings in Figure 6. For instance, Item 3, favors, loads higher on the Sexual Interactions factor in the female therapist, male client, FMSEX condition (.42), than in the male therapist, female client, MFSEX condition (.26), and higher as well on Item 9, card, in the female therapist, male client condition, FMSEX (.01); male therapist, female client condition, MFSEX (-.16). The findings suggests that these types of



Note. Numbers represent item factor loadings: 1 = event, 2 = invites, 3 = favors, 4 = accepts, 5 = friends, 6 = cries, 7 = hugs, 8 = name, 9 = card, 10 = professor, 11 = tells, 12 = nude, 13 = kiss, 14 = allows, 15 = fantasy, 16 = sex, 17 = feels, 18 = disrobes, 19 = erotic.

Figure 6. Plot of factor loadings for items in rotated factor space for male therapist, female client, and female therapist, male client conditions

interactions are seen differently when initiated by a male therapist towards a female client, than in the opposite pairing. A possible interpretation could be that when a female therapist sends a card, or asks for favors from a male client, it is seen (based on the participant ratings) more as an invitation to a sexual relationship than the type of relationship suggested by the Dual Relations factor. The item that shifts the most when sex roles are reversed is Item 1, event, loading lower on both the female therapist, male client condition, FMSEX (-.00), and the female therapist, male client condition, FMDual (0.63) compared to male therapist, female client condition, MFSEX (0.21) and the male therapist, female client condition, MFDual (0.78). One could surmise that in the male therapist, female client interactions, a male therapist accepting an invitation to a special event is interpreted as more sexual and represented as more of a dual relationship item than if the same behavior was exhibited by a female therapist.

Table 29 displays the two factor solutions for items depicting the male therapist, male client condition (MM) and the female therapist, female client condition (FF). The two factor solution explains approximately 49% of the variance of the items in the male same-sex condition, MM, while explaining approximately 51% of the variance of the items in the female same-sex condition, FF. The two same-sex conditions graphically plotted in Figure 7 when compared to the heterosexual conditions in Figure 6 appear much more orthogonally structured, with those items occupying the middle space in the MF/FM conditions moving closer to either of the sex or dual relations axis.

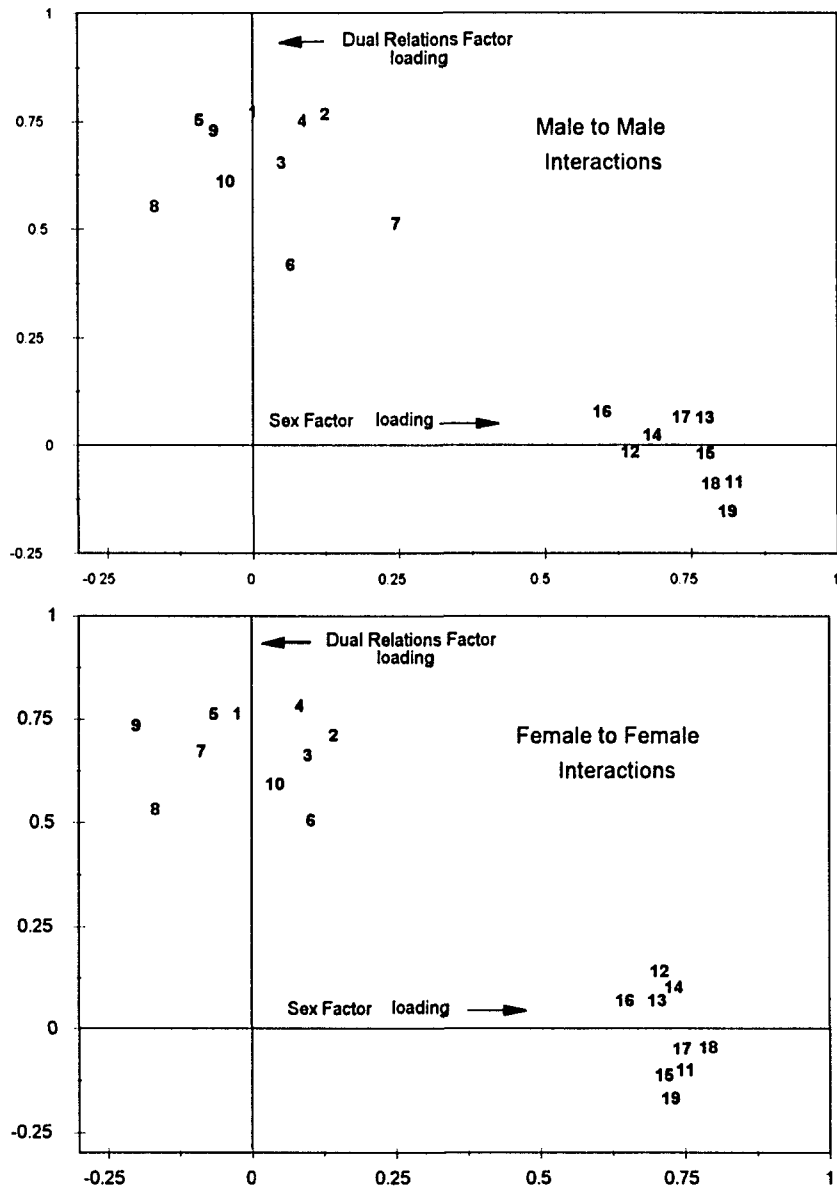
Item by condition interactions

The results of the above analysis suggests there are differences between participants (by gender) and also within participants (by condition). Figure 8

Table 29. Rotated factor loading matrix on the Ethics Questionnaire (EQ) factors for items depicting male therapist to male client (MM) and female therapist to female client (FF) interactions

EQ Item # Content	MF			FM		
	(Sex)	(Dual)	h^2	(Sex)	(Dual)	h^2
1. Event	0.21	<u>0.78</u>	0.61	-0.00	<u>0.63</u>	0.39
1. Event	-0.02	<u>0.77</u>	0.60	-0.03	<u>0.76</u>	0.58
2. Invites	0.10	<u>0.76</u>	0.59	0.14	<u>0.71</u>	0.52
3. Favors	0.03	<u>0.65</u>	0.43	0.10	<u>0.66</u>	0.45
4. Accepts	0.07	<u>0.75</u>	0.57	0.08	<u>0.78</u>	0.61
5. Friends	-0.11	<u>0.75</u>	0.58	-0.07	<u>0.76</u>	0.58
6. Cries	0.05	<u>0.42</u>	0.18	0.10	<u>0.50</u>	0.26
7. Hugs	0.23	<u>0.51</u>	0.32	-0.09	<u>0.67</u>	0.46
8. Name	-0.19	<u>0.55</u>	0.34	-0.17	<u>0.53</u>	0.31
9. Card	-0.09	<u>0.73</u>	0.54	-0.20	<u>0.73</u>	0.57
10. Professor	-0.06	<u>0.61</u>	0.38	0.04	<u>0.59</u>	0.35
11. Tells	<u>0.80</u>	-0.08	0.64	<u>0.75</u>	-0.10	0.57
12. Nude	<u>0.64</u>	-0.01	0.41	<u>0.71</u>	0.14	0.52
13. Kiss	<u>0.74</u>	0.07	0.55	<u>0.71</u>	0.08	0.51
14. Allows	<u>0.68</u>	0.03	0.47	<u>0.73</u>	0.09	0.54
15. Fantasy	<u>0.78</u>	-0.01	0.60	<u>0.72</u>	-0.11	0.53
16. Sex	<u>0.59</u>	0.09	0.36	<u>0.63</u>	0.02	0.40
17. Feels	<u>0.74</u>	0.07	0.55	<u>0.75</u>	-0.05	0.57
18. Disrobes	<u>0.78</u>	-0.08	0.62	<u>0.79</u>	-0.05	0.63
19. Erotic	<u>0.80</u>	-0.14	0.66	<u>0.73</u>	-0.17	0.56
<u>Summary Statistics</u>						
Eigenvalue	4.98	4.41	9.39	5.51	3.76	9.27
% Total Var	26.20	23.20	49.40	30.17	20.40	50.57
% Common Var	53.04	46.96	100.00	59.44	40.56	100.00

Note. Loadings underlined indicate inclusion in subsequent data analysis for that condition.



Note. Numbers represent item factor loadings: 1 = event, 2 = invites, 3 = favors, 4 = accepts, 5 = friends, 6 = cries, 7 = hugs, 8 = name, 9 = card, 10 = professor, 11 = tells, 12 = nude, 13 = kiss, 14 = allows, 15 = fantasy, 16 = sex, 17 = feels, 18 = disrobes, 19 = erotic.

Figure 7. Plot of factor loadings for items in rotated factor space for male therapist, male client, and female therapist, female client conditions

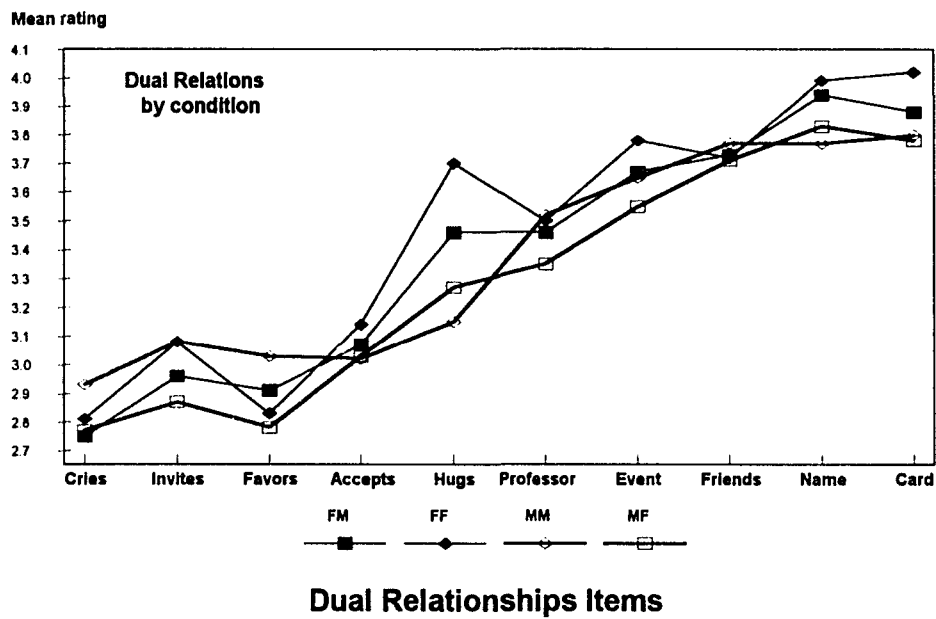
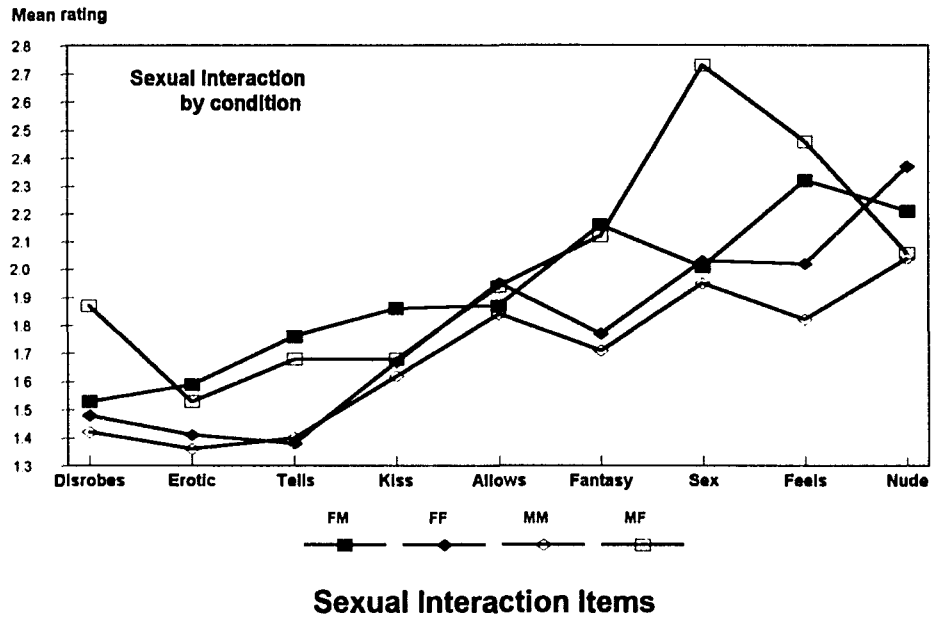


Figure 8. Mean item ratings by gender interaction condition

illustrates the interactions of item content with gender condition for those items that load on the Sexual Interactions factor, or on the Dual Relations factor. For those items that load on the sex factor, same sex pairings (conditions MM and FF) tend to receive ratings lower than the heterosexual pairings (conditions MF and FM). There are a few items on the sexual interaction factor in the MF condition which received higher ratings and thus are seen as relatively more ethical as reflected in the ratings given in the other three conditions "Disrobes", "Sex" and "Feels". Note that items that load on the Dual Relations factor, $\underline{M} = 3.35$, $\underline{SD} = 0.67$, received significantly higher average ratings, $t = 44.79$, $p < .001$, than the Sexual Interaction factor items, $\underline{M} = 1.80$, $\underline{SD} = 0.68$. As shown in Figure 8, female initiated actions (FM & FF) are given higher ratings on the Dual Relations factor, relative to other conditions. The most striking example of this is for the item "Hugs", where the female therapist, female client condition receives the highest average ratings, $\underline{M} = 3.70$, whereas in the male therapist, male client condition, "Hugs" received the lowest ratings compared to the other conditions, $\underline{M} = 3.15$.

Factor by gender conditions compared

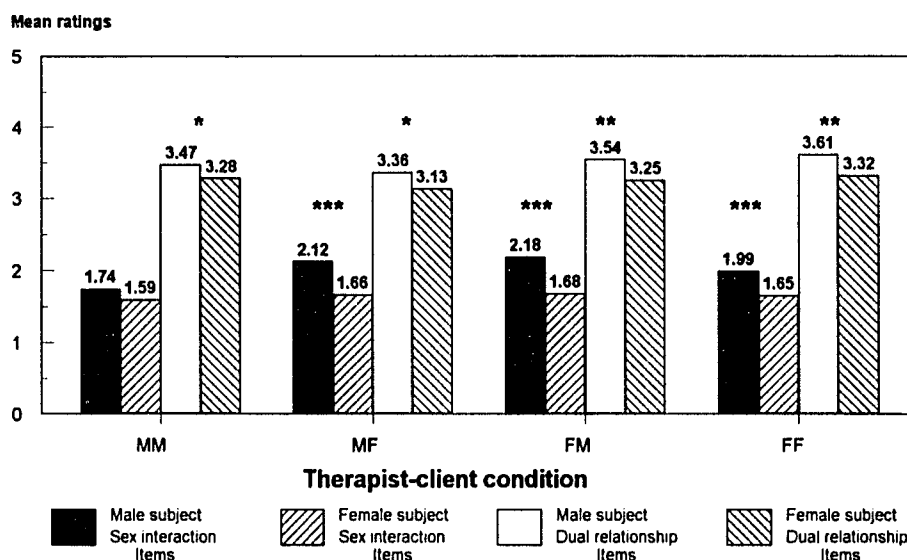
There is a consistent male bias against male homosexuality, and this rating trend can be seen most clearly when analyzing the pattern of gender differences for each condition as shown in Table 30 and Figure 9. (For graphs of frequency distributions comparing genders for all conditions, see Figures 11 - 14 in Appendix C.) Where females, $\underline{M} = 2.45$, $\underline{SD} = 0.50$, gave significantly lower Ethics Questionnaire ratings, $t(124) = 4.7$, $p < .001$, for all depicted behaviors compared with males, $\underline{M} = 2.75$, $\underline{SD} = 0.46$, these gender differences virtually disappear in the male therapist, male client condition, MMSex. Perhaps in this one condition, more than the other conditions (MF, FF, or FM), men empathized or identified with the

Table 30. Means, standard deviations, and t values for the Ethics Questionnaire (EQ) factors by gender

Ethics Factor	Male ($n = 95$)		Female ($n = 125$)		Total ($n = 220$)		t
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
EQ (Total)	2.75	0.46	2.45	0.50	2.58	0.51	4.70***
EQ(Sex)	2.01	0.58	1.65	0.71	1.80	0.68	4.16***
EQ(Dual)	3.50	0.61	3.24	0.69	3.35	0.67	2.86**
MM(Sex)	1.74	0.68	1.59	0.76	1.66	0.73	1.60
MM(Dual)	3.47	0.65	3.28	0.75	3.36	0.71	2.04*
MF(Sex)	2.12	0.73	1.66	0.73	1.86	0.76	4.58***
MF(Dual)	3.36	0.65	3.13	0.69	3.23	0.68	2.54*
FM(Sex)	2.18	0.76	1.68	0.70	1.90	0.77	5.00***
FM(Dual)	3.54	0.65	3.25	0.68	3.37	0.68	3.16**
FF(Sex)	1.99	0.60	1.65	0.76	1.80	0.71	3.68***
FF(Dual)	3.61	0.64	3.32	0.73	3.45	0.71	3.24**

* $p < .05$. ** $p < .01$. *** $p < .001$.

client role in such a way as to better recognize the unethicity of these behaviors thereby reducing the differences in ratings between them and their female counterparts. Paired t -tests were conducted to test the significance of the difference between all measures within the same factor (the results of which are displayed in Figure 10 in Appendix C). For the whole sample (as shown in Table 30), the female therapist, male client sexual interaction condition, FMSEX, was the



* $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 9. Mean item ratings for gender conditions by therapist-client condition and gender of participant

most accepted sexual interaction condition, with the male therapist, female client condition, MFSex, receiving significantly lower ratings, $t(218) = 2.00$, $p < .05$ (two-tailed, paired t-test).

Though the female therapist, female client sexual interaction condition, FFSex, was also lower, $t(218) = 2.84$, $p < .01$ (two-tailed), it was not significantly different from the male therapist, female client condition, MFSex, $t(218) = 1.95$, $p > .05$ (two-tailed). The male therapist, male client condition, MMSex, received significantly lower ratings than the female therapist, male client condition, FMSex, $t(218) = 5.59$, $p < .001$, the male therapist, female client condition, MFSex, $t(218) = 5.19$, $p < .001$, or the female therapist, female client condition, FFSex, $t(218) = 6.09$, $p < .001$.

In the dual relationship conditions, the female therapist, female client dual relationship condition, FFDual, was most acceptable, receiving higher ratings than the female therapist, male client condition, FMDual, $t(218) = 3.77$, $p < .001$, male therapist, male client condition, MMDual, $t(218) = 4.39$, $p < .001$, and male therapist, female client condition, MFDual, $t(218) = 9.21$, $p < .001$. In contrast to the Sexual Interaction factor, in the Dual Relationship factor, the male therapist, female client relationship was rated least acceptable, lower than male therapist, male client relationships, MMDual, $t(218) = 5.58$, $p < .001$, or female therapist, male client relationships, FMDual, $t(218) = 8.37$, $p < .001$.

For men, the heterosexual sexual interactions, MFSex and FMSEX, were about equally rated, $t(93) = 1.68$, $p > .05$, when compared to the same-sex sexual interactions. The female therapist, female client condition, FFSex, was rated lower than both the female therapist, male client condition, $t(93) = 2.73$, $p < .01$, and the male therapist, female client condition, $t(93) = 2.11$, $p < .05$, but the male therapist, male client condition, MMSex, was significantly lower than FFSex, $t(93) = 5.57$, $p < .001$.

For women, there was no significant differences between the female therapist, male client condition, FMSEX, the male therapist, female client condition, MFSEX, $t(124) = 1.10$, $p > .05$, and the female therapist, female client condition, FFSex, $t(124) = 1.00$, $p > .05$. As with the men, the male therapist, male client condition, MMSex, was significantly lower than female therapist, female client condition, FFSex, $t(124) = 2.99$, $p < .01$.

The patterns of ratings for men and women for the Dual Relations factor were more nearly similar than they were for the Sexual Interaction factor ratings, though as previously noted, women's ratings were significantly lower than men's. The

female therapist, female client condition, FFDual, received the highest ratings for both men and women, with the male same sex condition, MMDual receiving the second highest ratings. However, for females the difference between these was not significant, $t(124) = 1.67$, $p > .05$, whereas for men it was, $t(93) = 4.55$, $p < .001$. Other than this difference of magnitude, the ordering of rankings were the same for men and women in the dual relations conditions.

Counseling experience

Analysis of group differences in counseling experience, as shown in Table 31, revealed some relationship between counseling experience and the dependent

Table 31. Means, standard deviations, and t values for Ethics Questionnaire (EQ) factors by counseling experience

Ethics Factor	No counseling ($n = 149$)		Some counseling ($n = 70$)		t
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
EQ (Total)	2.58	0.55	2.56	0.43	0.38
MM(Sex)	1.69	0.78	1.65	0.58	0.30
MM(Dual)	3.33	0.72	3.44	0.70	-1.04
MF(Sex)	1.94	0.84	1.69	0.54	2.67**
MF(Dual)	3.20	0.70	3.29	0.63	-0.89
FM(Sex)	1.98	0.85	1.72	0.52	2.73**
FM(Dual)	3.34	0.73	3.44	0.58	-1.11
FF(Sex)	1.83	0.78	1.73	0.55	1.03
FF(Dual)	3.41	0.75	3.53	0.60	-1.22

Note. For all t-tests $df = 217$.

** $p < .01$.

variables of the Ethics Questionnaire. Table 31 reveals no significant differences overall for the Ethics Questionnaire between those with counseling experience and those without, but shows lower ratings given under two conditions: Compared to the sample that had no counseling experience, those with counseling experience rated items in the Sexual Interactions factor in both the FM & FM conditions lower than those without counseling experience. This suggests that a person with counseling experience may have realized that the usual social roles of men and women are not as salient in counseling as in other more public interactions.

Correlates of Ethics Questionnaire factors

Table 32 displays the intercorrelations and reliability coefficients for the Ethics Questionnaire factors. All scales have good reliability with coefficients alpha

Table 32. Correlation coefficients and coefficient alpha (α) of the Ethics Questionnaire (EQ) factor scores

Ethics Factor	MM		MF		FM		FF	
	(Sex)	(Dual)	(Sex)	(Dual)	(Sex)	(Dual)	(Sex)	(Dual)
MM(Sex)	(0.88)							
MM(Dual)	0.01	(0.85)						
MF(Sex)	0.71**	0.09	(0.88)					
MF(Dual)	0.11	0.87**	0.29	(0.85)				
FM(Sex)	0.65**	0.12	0.93**	0.35**	(0.87)			
FM(Dual)	0.02	0.90**	0.21**	0.93**	0.15*	(0.85)		
FF(Sex)	0.89**	0.03	0.79**	0.16*	0.75**	0.08	(0.87)	
FF(Dual)	-0.07	0.92**	0.10	0.87**	0.15*	0.91**	-0.03	(0.85)

* $p < .05$. ** $p < .01$.

between .85 to .93, $p < .01$ (displayed on the diagonals). There were significant correlations between the two factors ranging from .15, FFDual and FMDual with FMSEX, $p < .05$, to .35, $p < .01$, between MFDual and FMSEX. All in all, 17 out of 28 correlations (60%) were significant ($p < .05$) with higher correlations between variables in the same factor.

Relationship of Independent and dependent variables

Gender of subject versus gender of stimuli In order to determine the relative strength of gender interactions between gender of subject compared to the gender interactions of the stimuli, a multiple analysis of variance (MANOVA) was conducted. The results of this are depicted in Table 33 for the Sexual Interaction factor. The MANOVA was conducted in two steps, the first using gender of subject as the between subjects effect to explain the variance across all four sexual interaction variables: male-female, male-male, female-male, and female-female therapist-client interactions. Results for the between subjects effect (gender of subject) was significant, $F(1, 217) = 16.31$, $p < .001$, with an effect size d equal to .07, explaining about 4% of the variance of the Sexual Interaction factor. The results of the second step are significant, $F(3, 651) = 59.65$, $p < .001$. Shown as the within subjects effects, it represents the variation within gender groups across the four sexual interaction variables. Here we see the relative effect size is three times larger for client-therapist conditions explaining approximately 21.6% of the variance. The interaction effect (Gender of subject x Therapist-client condition) is also significant $F(3, 651) = 7.95$, $p < .001$ which suggests that the judgments made by men and women, influenced by the specific gender pair depicted, explains approximately 3.5% of the variation in the Sexual Interaction factor.

Table 33. Repeated measure analysis of variance (MANOVA) predicting results on the Ethics Questionnaire Sexual Interaction factor

Source	SS	df	MS	F	d
<u>Between subjects effects</u>					
Gender of subject	2135.68	1	2135.68	16.31***	.070
Error	28406.10	217	130.90		
<u>Within subjects effects</u>					
Therapist-client condition	1451.04	3	483.68	59.65***	.216
Condition by gender of subject	193.48	3	64.49	7.95***	.035
Error	5279.08	651	8.11		

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 34 shows the same MANOVA procedures using the Dual Relations factor variables in place of the Sexual Interaction factor depicted above. All values were smaller but both gender of subject and client-therapist condition remained significant with effect size d dropping to .04 for gender of subjects, and .13 for therapist-client condition. However, the interaction of Therapist-client condition x Gender of subject was no longer significant for the Dual Relations factor. These data demonstrate that participants are reacting to the behaviors depicted in the stimuli in complex ways, reacting from their own gender-based experience and

Table 34. Repeated measure analysis of variance (MANOVA) predicting results on the Ethics Questionnaire Dual Relations Factor

Source	SS	df	MS	F	d
<u>Between subjects effects</u>					
Gender of subject	1430.57	1	1430.57	7.88**	0.04
Error	39414.56	217	181.63		
<u>Within subjects effects</u>					
Therapist-client condition	502.30	3	167.43	32.90***	0.13
Condition by gender of subject	37.27	3	12.42	2.44	0.01
Error	3313.16	651	5.09		

* $p < .05$. ** $p < .01$. *** $p < .001$.

schemas, as well as responding to the social role attributions of the interactions, while at the same time judging the type of interaction being described (whether it is a sexual interaction or the more social dual role interaction).

Demographics Table 35 displays the correlations between the two factors (Sex and Dual) in the four gender conditions (MM, MF, FF, FM) with all independent variables. Of the 112 correlations displayed, only 20 (18%) were significant. As noted earlier, gender (coded 1 for men, 2 for women) is correlated negatively with all dependent variables. Women consistently gave lower average ratings for all

Table 35. Correlation coefficients of the Ethics Questionnaire factors by gender conditions ($N = 219$)

Variable	n	Sexual Interaction Factor				Dual Relations Factor			
		MM	MF	FF	FM	MM	MF	FF	FM
Gender ^a	219	-0.11	-0.30**	-0.24**	-0.33**	-0.13*	-0.17*	-0.21**	-0.21**
Age	201	0.04	0.01	0.09	0.01	-0.10	-0.10	-0.10	-0.08
Grade	218	0.09	0.04	0.14*	0.05	-0.09	-0.08	-0.07	-0.06
ACTC	175	0.01	-0.12	0.08	-0.01	0.03	0.04	0.04	0.02
ACTE	173	0.02	0.02	0.05	-0.01	0.08	0.08	0.09	0.06
PEQ1	219	-0.02	-0.16*	-0.06	-0.16*	0.06	0.03	0.03	0.05
PEQ2	219	0.12	0.07	0.09	0.05	-0.08	-0.07	-0.06	-0.05
PEQ3	219	0.15*	0.08	0.16*	0.08	0.02	0.01	-0.01	-0.01
PEQ4	219	-0.11	-0.18**	-0.16*	-0.21**	0.06	0.02	0.05	0.03
M-score	219	0.05	0.10	0.10	0.08	0.01	-0.01	0.01	0.05
F-score	219	-0.12	-0.25**	-0.19**	-0.26**	-0.03	-0.09	-0.08	-0.09
Moral O.	213	0.11	0.05	0.02	0.04	-0.00	0.04	0.04	0.04
P-score	193	0.08	-0.03	0.13	-0.05	0.01	0.05	0.01	0.04
D-score	193	-0.01	0.14	-0.00	0.14*	0.04	0.04	0.07	0.05

Note. PEQ1 = # of prior counseling sessions (ranging from 0 = no prior experience to 5 = over 50 sessions total); PEQ2 = direct experience of unethical behavior and PEQ3 = second-hand knowledge of unethical behaviors by a therapist coded 1 = No, 2 = not sure/don't know, 3 = yes; PEQ4 = overall impression of counselors ranging from 1 = extremely negative to 5 = extremely positive; M-score = masculinity; F-score = femininity; P-score = principled reasoning; D-score = Davison D-score; Moral O. = moral orientation.

^aGender correlations are point bi-serial correlations coded: male = 1, female = 2.

* $p < .05$. ** $p < .01$.

factor scores. It is interesting to note that the strongest correlation, $r = -.33$, $p < .01$, was with FM(Sex), possibly from the recognition on the one hand by women of the inappropriateness of this social role depiction, and on the other hand, by males who fantasize that these type of interactions might be appropriate. Other demographic variables (age, grade, and academic abilities) were generally not significantly associated with any of the dependent measures, except in the specific instance of grade level and the female therapist, female client condition, FFSex, for which the correlation was $.14$, $p < .05$.

Prior counseling experience As indicated earlier, those with greater counseling experience gave lower ratings in the opposite sex conditions; the male therapist, female client condition, MFSex, and the female therapist, male client condition, FMSex, $r = -.16$, $p < .05$. Direct experience of unethical behavior by a counselor or therapist (PEQ2), or even second-hand experience (PEQ3) seems to have had little effect on ratings of therapist behaviors. PEQ4, as an indicator of general attitude towards therapists, shows that as the participant's impression of counselors goes up, the ratings on the dependent variables go down but only in relationship to the clearly unethical behaviors depicted in the sexual interaction conditions.

Sex role identification For the Bem Sex Role Inventory, femininity turned out to be significantly correlated with the same conditions that the PEQ4 was, namely the male therapist, female client condition, MFSex, $r = -.25$, $p < .01$, the female therapist, female client condition, FFSex, $r = -.19$, $p < .05$, and the female therapist, male client condition, FMSex, $r = -.21$, $p < .01$. Masculinity was not found to be correlated with any of the dependent variables. These data suggest that a participant's values and sex role identification are among the important factors in

recognizing and responding to the ethicality of therapist behaviors. Those with more traditional values, especially women with a high scores on femininity, should be more likely accept traditional male-female sex roles as depicted in the male therapist, female client, MF, and the female therapist, male client condition, FM, but results show an opposite pattern; the higher the femininity score, the lower the ethics ratings.

Moral orientation A specific moral orientation as determined by the Moral Challenge Stories was not seen to be a determinant of ethical judgments except in one condition, that of the female therapist sexual interaction with a male client condition, FMSEX. One-way ANOVA was significant, $F(3, 212) = 3.27, p = .02$, with a significant group difference between those with a justice orientation, with a mean total score on MF sex items, $M = 13.83$, compared to those who were classified as an uncoded, $M = 18.94$, a significant difference using the Scheffe's multiple range test of differences using $p < .05$. These data suggest that those participants who have a justice orientation may be making their ethical judgments on the basis of some principle or rule of conduct, and thereby gave lower ratings. This is further supported by the contrary result showing that those with an uncoded orientation tended to give higher ratings in this condition. Perhaps these uncoded respondents could be thought of displaying no moral orientation, or at best an "amoral" orientation that accepts the status quo of stereotypic relationships between men and women.

Moral development. The relationship between moral development and these ethical judgments is not dissimilar to that of moral orientation described above. In only the female therapist, male client condition, FMSEX, was there any correlation, (a weak one) with the Davison D-score, $r = 0.14, p < .05$. As to why this correlates

with the Davison D-score and not principled reasoning is unknown. If the Davison D-score is more sensitive to the ability to assign ratings from among a number of choices, as opposed to the type of cognitive reasoning skills required in the priority ranking that principled reasoning requires, it is possible that some participants are providing ethical judgment ratings - not on the basis of absolute principles or standards - but rather as a response-set of assigning ratings relative to the other three conditions, a kind of "lesser of the four evils" approach to ethical decision making.

Hierarchical Regression

Given the complexity of interactions among the dependent and independent variables it was decided to conduct hierarchical regressions. This seemed important especially in light of the pervasiveness of gender differences on almost all measures. Regression techniques provided an opportunity to control for these gender differences while measuring the unique contribution of each of the other variables. Logic dictated the ordering of the variables used in the structure of a hierarchical regression by which all dependent variables were analyzed. In order to fully understand the contribution of moral development and prior counseling experience to variance in the dependent measures, separate regressions were conducted on each of these measures. These will be described first, and then the overall regression analyses will be presented.

Impression of counselors and psychotherapists (PEQ4)

Table 40 (Appendix C) shows the hierarchical regression for overall impression of counselors and therapists. When gender was entered alone (Step 1), the relationship between gender and attitudes towards therapists was positive, $F(1, 220) = 7.58$, $p = .006$. When femininity (from the Bem Sex Role Inventory) and

moral orientation ratings (from Moral Challenge Stories) were added (Step 2), the R^2 (change) improved, $R^2 = 0.12$, $F(3, 220) = 16.25$, $p = .000$, with femininity providing the additional predictive value, $F(3, 220) = 30.76$, $p = .000$. Moral orientation was not a significant contributor. Adding the prior experience variables (Step 3) of the duration of prior counseling experience (PEQ1), direct experience of unethical behaviors by a therapist (PEQ2), and second-hand knowledge of unethical behaviors (PEQ3) produced negligible change, $F(6, 217) = 2.42$, $p = .067$. On this step, direct experience of unethical behavior, PEQ2, was a significant contributor to the overall impression of counselors, $F(6, 217) = 6.76$, $p = .01$. Overall results for the three step regression produced an R^2 for overall impression of counselors of .18, $F(6, 217) = 8.19$, $p = .000$. These results suggest that gender has a significant effect, but is mediated by the kinds of values or sex role identifications assessed by the Bem Sex Role Inventory, and by any direct experience in counseling of unethical behaviors on the part of therapists.

Moral development

Additional hierarchical regression analyses were conducted separately on both Defining Issues Test scores (see Tables 41 & 42, Appendix C). It was hypothesized that after gender (Step 1), and academic abilities (Step 2), moral orientation might play a role in moral development level (Step 3). Gender was a significant positive predictor for all three steps, Step 3: $F(3, 220) = 5.02$, $p = .026$, as was ACT Composite, $F(3, 220) = 11.77$, $p = .001$. None of the three defined moral orientations were significant in the overall equation, $R^2 = .11$, $F(6, 217) = 4.41$, $p = .000$.

Analyzing the Davison D-score, the results were somewhat different. In Step 3 gender, $F(3, 220) = 6.54$, $p = .011$, ACT English $F(3, 220) = 6.07$, $p = .015$, and

ACT composite $F(3, 220) = 6.76$, $p = .010$ were significant. The two main moral orientations; care $F(6, 217) = 4.26$, $p = .04$, and justice, $F(6, 217) = 3.84$, $p = .051$, were both found to be negatively related. Overall, the regression resulted in $R^2 = .08$, $F(6, 217) = 3.03$, $p = .007$. These findings confirm that the Davison D-score is tapping a different construct than principled reasoning, utilizing a different set of cognitive abilities than those being measured by principled reasoning. Whereas for principled reasoning ACTE contributed significantly, in the Davison D-score, both ACTE and ACTC were significant contributors.

Moral orientation was not a significant predictor of principled reasoning. In the Davison D-score regression, both care and justice were negatively predictive of Davison D-score ratings. It would have been predicted by Gilligan (1982) that the care orientation might contribute to lower scores on the Davison D-score, but the same would not be predicted for the justice score. This may suggest that any specific moral orientation might produce differences in results on the Defining Issues Test if sufficiently different from the moral standards inherent in the Defining Issues Test, however this question will require further study.

Hierarchical regression of the Ethics Questionnaire

Only those variables found to be significantly related to the dependent variables were utilized in the regression analysis that follows. Gender and academic abilities (as an index of intelligence) were seen as exogenous variables in the model and entered into the regression equation first. Next came the two personality level variables, sex type (using only femininity) and moral development (principled reasoning). In the third step, prior counseling experience (PEQ4) was added. Table 36 displays the summary results of the regression analysis conducted

Table 36. Hierarchical regressions predicting dependent variables of the Ethics Questionnaire (EQ) with gender entered first

Dep. Var.	Step 1 ^a		Step 2			Step 3			Step 4		
	β^b		β			β			β		
	Gender	Change R^2	ACT E	ACT C	Change R^2	F- scale	P- score	Change R^2	PEQ 4	Change R^2	Total R^2
<u>Sexual Interaction Factor</u>											
FM	-0.32***	.11***	0.16	-0.11	.01	-0.16*	0.04	.02	-0.12	.01	.15***
FF	-0.24***	.06***	0.05	-0.06	.01	-0.10	0.15*	.03*	-0.11	.01	.11***
MF	-0.30***	.09***	0.25*	-0.19	.02	-0.17*	0.06	.03*	-0.10	.01	.14***
MM	-0.11	.01	0.07	-0.04	.00	-0.10	0.10	.02	-0.08	.01	.04
<u>Dual Relations Factor</u>											
FM	-0.21**	.04**	0.23	-0.15	.02	-0.01	0.08	.01	0.07	.00	.07*
FF	-0.21***	.04**	0.29*	-0.18	.03	0.01	0.05	.00	0.09	.01	.08**
MF	-0.17*	.03*	0.24	-0.15	.02	-0.02	0.13	.01	0.06	.00	.06*
MM	-0.13*	.02*	0.26*	-0.17	.02	0.03	0.07	.00	0.08	.01	.05

^aEach hierarchical regression step predicts the dependent variable (gender condition) controlling for each variable included in the preceding step. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = principle reasoning (DIT), PEQ4 = Overall impression of counselors.

^bStandardized beta weights displayed.

* $p < .05$. ** $p < .01$. *** $p < .001$.

separately on each of the dependent variables (for full regression tables see Tables 43 through 50, Appendix C).

Each variable was tested by the same four step hierarchical regression model. Gender was the most consistent and best single predictor variable. Gender was significant for all dependent measures excepting the male therapist, male client condition, MMSex. The standardized beta weights (β) ranged from 0.35, $p < .000$, for the female therapist, male client condition, FMSex, to $-.12$, $p = 3.96$, for the male therapist, male client condition, MMSex. For the Dual Relations factor, gender ranged from $\beta = -0.25$, $p < .001$, for the female therapist, female client condition, FFDual to $\beta = -0.17$, $p < .05$, for the male therapist, male client condition, MMDual. For the female therapist, male client condition, FMDual, gender was the only significant predictor, $F(1, 222) = 12.56$, $p = .001$.

In Step 2, controlling for gender, ACTE and ACTC scores were added. ACTE was a significant predictor for the Sex Interaction factor for the male therapist, female client condition, MFSex, $F(3, 220) = 3.96$, $p < .05$, and the Dual Relations factor for the female therapist, female client condition, FFDual, $F(3, 220) = 5.06$, $p < .05$, and the male therapist, male client condition, MMDual, $F(3, 220) = 3.98$, $p < .05$. The remaining Step 2 regressions were not significant with R^2 ranging from .00 for the male therapist, male client condition, MMSex, to .03.

In Step 3, the Bem Sex Role Inventory and the Defining Issues Test measures were added, while controlling for the effects of gender and academic abilities. Femininity, on the Bem Sex Role Inventory, was a significant predictor in two Sex Interaction factor conditions, the female therapist, male client condition, FMSex, $F(5, 218) = 5.33$, $p < .05$, and the male therapist, female client condition, MFSex, $F(5, 218) = 5.79$, $p < .05$, both negatively correlated. In the female therapist, male

client condition, FMSEX, the incremental amount of predictive power resulting from the addition of femininity was not significant.

These data do not support the concept that high scores on femininity would be predictive of an acceptance of traditionally held female stereotypes. A person holding these attitudes about the self (or others) would be more likely to accept the traditional sex roles depicted in the heterosexual interactions of the MF and FM sexual interaction conditions, but this was not the case. The addition of the principled reasoning was significant in only one condition, the female therapist, female client condition, FFSEX suggesting that those with higher levels of principled reasoning, (when controlling for gender and academic ability) were relatively more accepting of these female therapist, female client interactions. Neither the Bem Sex Role Inventory or the Defining Issues Test measures provided any predictive power for items in the Dual Relations factor conditions.

For the final step, overall impression of counselors (PEQ4) was added, controlling for the effects of the previously entered variables (gender, ACT, femininity, and principled reasoning). Overall impressions of therapists, PEQ4, was not significant in any condition for the two factors. This finding suggests that the correlation between impressions of therapists and the therapist-client gender interactions noted before are probably best explained by the variance of gender and other factors such as experiences in counseling, and sex type.

In order to determine the full contribution of gender relative to the other predictor variables, a second set of hierarchical regressions was conducted with the same structure as the first, but adding the gender of subject variable last. Overall, the hierarchical regressions were significant, although as Table 37 shows, clearly gender explained most of the variance on the dependent variables.

In comparison to the first set up regressions, the amount of variance that gender explains is reduced in the Sexual Interaction factor. For example, in the female therapist, male client condition, FMSEX, when gender is entered into the equation first, $R^2 = .11$, $p < .001$, whereas, when gender is entered last, controlling for academic abilities, sex type, moral development, and attitude towards counselors, gender's contribution falls to $R^2 = .06$, $p < .001$. Without controlling for gender, femininity contribution increases significantly. Similarly, femininity increases in power in the opposite sex therapist-client conditions, FFSEX and MFSEX. This demonstrates a mediation effect for the variable of femininity in the regression equations.

For the Dual Relations factor, the power of gender increases, with no other variables emerging with significance. This suggests that in these conditions, the remaining variables have a suppression effect. In the first equation (see Table 36), ACT scores in English were significant in the MFSEX, FFDual and MMDual conditions, while in the second equation (Table 37), they are no longer significant. It is clear that of the variables tested in this study, gender is the only variable of interest in the prediction of ratings of the sexual interaction items on the Ethics Questionnaire. Femininity plays a role by providing some mediation of this effect, but this effect, though significant, is small at best. It is clear that much of the variance in scores on the Ethics Questionnaire is not fully explained by the current measurement model.

Table 37. Hierarchical regressions predicting dependent variables of Ethics Questionnaire (EQ) with gender entered last

Dep. Var.	Step 1 ^a			Step 2			Step 3		Step 4		
	β^b			β			β		β		
	ACT E	ACT C	Change R^2	F-scale	P-score	Change R^2	PEQ 4	Change R^2	Gender	Change R^2	Total R^2
<u>Sexual Interaction Factor</u>											
FM	0.19	-0.03	.00	-0.27***	-0.01	.07***	-0.13	.01	-0.29***	.06***	.15***
FF	-0.05	0.11	.01	-0.19**	0.11	.04**	-0.11	.01	-0.24**	.04**	.10***
MF	0.12	-0.11	.00	-0.27***	0.01	.07***	-0.11	.01	-0.27***	.06***	.14***
MM	0.03	-0.01	.00	-0.13	0.08	.02	-0.09	.01	-0.10	.01	.04
<u>Dual Relations Factor</u>											
FM	0.13	-0.10	.00	-0.10	0.05	.01	0.06	.00	-0.26***	.05***	.07*
FF	0.18	-0.12	.01	-0.09	0.01	.01	0.08	.01	-0.27***	.06***	.08**
MF	0.16	-0.10	.01	-0.10	0.09	.02	0.06	.00	-0.22**	.04**	.06*
MM	0.19	-0.14	.01	-0.04	0.04	.00	0.07	.00	-0.20**	.03**	.05

^aEach hierarchical regression step predicts the dependent variable (gender condition) controlling for each variable included in the preceding step. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = principle reasoning (DIT), PEQ4 = Overall impression of counselors.

^bStandardized beta weights displayed.

* $p < .05$. ** $p < .01$. *** $p < .001$.

CHAPTER 4: CONCLUSIONS

Discussion

Purpose of the research

The following chapter will discuss the study results focusing on the expressed purpose of the research and the specific hypotheses that guided the study and data analysis. There were four main purposes. 1) To explore the ethical boundaries (from the client's perspective) of the therapist-client relationship in the general ethical domain of dual relationships and more specifically in the area of therapist-client sexual interactions. 2) To replicate and extend findings of my previous master's thesis research that identified gender differences in ratings of the unethical behaviors of counselors. 3) To test factors that might account for these gender differences in ethical judgments by utilizing more reliable instruments and improved methodologies. 4) To test competing theoretical models to explain these gender differences, including Kohlberg's model of moral development theory, Gilligan's moral orientation theory, Bem's sex role theory, and Eagly's social role interpretation.

Hypothesis 1

Hypothesis 1 stated that ethics ratings for all behaviors will be lower when the subject reports a prior experience of unethical behavior on the part of their therapist. However, results show that ratings on the Ethics Questionnaire were not lower for those subjects who reported they had direct experienced of unethical behaviors on the part of a counselor or therapist, compared to those who did not report such experiences. A one-way ANOVA demonstrated that there were few differences in ratings on the Ethics Questionnaire between those who had direct or even second-hand experience, and those who endorsed the answer "No" to these questions. In

only one condition was there a significant difference between groups based on their response to this question. In the male therapist, male client condition, MMSEX, those who said "No" gave lower ratings than those who said "Not sure", $F(2, 2160) = 3.64, p < .05$. This result is opposite to what was predicted. These results suggest that responses to the Ethics Questionnaire were not highly affected by the personal experience of the subject. As stated previously, the experience of unethical behaviors had its primary influence on ratings of the respondents' overall impression of counselors and therapists, with those negative experiences reflected solely in the ratings on this one question.

Hypothesis 2

Hypothesis 2 was the moral development explanation, that predicted that ethics ratings will be lower for those with higher levels of moral development. It was assumed that there would be a relationship between moral development and the recognition of the unethicity of the sexual interaction behaviors. Ratings on the Ethics Questionnaire did vary somewhat as a function of level or stage of moral development. In general, scores on the Defining Issues Test were not highly associated with ratings on the Ethics Questionnaire. In one instance only, the female therapist, male client condition, FMSEX, was lower ethics ratings associated with higher scores on the Defining Issues Test. In the regression analysis, a higher principled reasoning score was predictive of scores on the Ethics Questionnaire only in the female therapist, female client condition, FFSEX, when gender and academic ability were controlled for. It was suggested earlier that this anomaly might be suggestive of either a "women's liberation" mentality -- or as an alternative -- the "lesser of evils" approach to rating both the Defining Issues Test and the Ethics Questionnaire.

These data tend to confirm the studies that have found little relationship between indicators of moral development and actual behaviors. Caution in interpreting these results is needed however, due to the restrictions of variance (for this sample) on age and education with which the Defining Issues Test is highly correlated. Given a wider range of age, educational levels, and moral development levels, these results could appear quite differently. Caution should also be exercised here in using the Defining Issues Test in the shortened format, given the low reliability indicators.

It should again be noted, that the subject's global responses to the content of Defining Issues Test stories may be a more useful variable as an indicator of moral orientation, and may be exerting an undo influence on responses to the Defining Issues Test in general. Preliminary analysis showed a more consistent influence on Ethics Questionnaire ratings by the initial decision category, and may reflect an overall liberal versus conservative attitude that has a significant impact on Defining Issues Test ratings and rankings upon which the Davison D-score and principled reasoning score are calculated. Rest (1986) has described the on-going research into the relationship of these global decisions to the overall test responses as still in the experimental stage, and the results of the present study suggests that this could be a useful improvement to the DIT overall.

Hypothesis 3

The third hypothesis predicted that ethics ratings would vary as a function of moral orientation. Ethics ratings were, in general, not associated and were not predicted by moral orientation as determined by the rating of Moral Challenge Stories. In one condition, the female therapist, male client, sexual interaction condition, FMSEX, there was an association between having either a justice

orientation (those classified as having a justice orientation gave lower ratings) or having an uncoded orientation (where those classified as uncoded gave higher ratings for these items in this condition), however, this correlation was weak.

Hypothesis 4

Hypothesis 4 predicted a relationship of academic abilities with scores on the ethics questionnaire, primarily based on the results that showed a similar relationship with scores on moral development indicators, however, Academic abilities as measured by the ACT were not highly correlated with scores on the Ethics Questionnaire. ACT English scores were significant predictors in the regression equation in the conditions MFSEX, MMDual and FFDual in a positive direction, but only when controlling for the effects of gender. Given the well documented "sex differences" in verbal abilities (Maccoby & Jacklin, 1974) it is likely these differences are the best explanation.

Though academic abilities proved to have a minor relationship to Ethics Questionnaire ratings, the influence of these abilities were quite pervasive throughout the other survey instruments and measures. To summarize, the data shows that women have higher scores on the ACTE; that ACT scores (both ACTE and ACTC) are significantly correlated with principled reasoning on the Defining Issues Test; that ACT scores are positively correlated with having care moral orientation rating and negatively correlated with an uncoded orientation; and finally, that ACT scores are correlated with femininity, particularly in men with high femininity and low masculinity scores (a "cross sex-type" male). These data suggest that even though academic abilities are integral to many aspects of moral reasoning and ethical judgments, in the final analysis, respondents are drawing on

other resources to determine the rightness and wrongness of the behavioral interactions depicted in this study.

Hypothesis 5

This general hypothesis stated that ethics ratings will vary as a function of a person's sex type. Results suggest that sex-type as measured by the Bem Sex Role Inventory, does have a relationship to scores on the Ethics Questionnaire. This relationship is almost entirely due to the influence of the construct measured by the femininity scale. The masculinity scale was not related to any variable significantly except for a correlation with the general type of moral challenge story. If masculinity is interpreted as a measure of instrumentality, this would be appropriate, as many of these general type of stories were descriptions about decisions to take certain kinds of actions. Determining sex types, using a median split does not seem to provide any additional power to predict scores on the Ethics Questionnaire.

Femininity, on the other hand, had its influence on ratings on the Ethics Questionnaire, especially when controlling for the effect of subject gender. It appears this variable has a mediation effect here for gender. If one takes femininity to only represent "expressiveness" it is difficult to interpret why this would be the case. However, femininity also correlated moderately with overall opinion of therapists, and this suggests that the femininity construct is partly tapping attitudes about the kinds of activities that therapy might be congruent with, namely, expressing oneself. In fact, femininity was also associated with greater experience in counseling, which suggests that counseling may even cause an increase in femininity scores or perhaps a change in the values and attitudes related to expressing oneself.

In the heterosexual interaction conditions, males and females with higher femininity scores recognized the unethicity represented by the Sexual Interaction factor items and provided significantly lower ratings (were less approving of these behaviors) when compared to the rest of the sample. An interpretation of femininity based solely on the revisionist interpretation of the femininity scale as expressiveness seems at this point inadequate. It seems plausible, based on these data, that those with higher femininity scores reacted more strongly to the same-sex situations that would, in normal social situations, be appropriate gender pairings. The fact that it was unimportant which gender was initiating the offending behaviors may be a reflection of the changing social roles of men and women towards more equality. In a more equal relationship, it would not matter who dominates and who follows.

Hypothesis 6

The final hypothesis tested is in support of the social role interpretation of gender differences. If Eagly is correct, ethics ratings should vary more in response to the gender attributes of the stimulus than a function of the gender of subject, and this is just what was found. Results show an effect size three times greater for the client by therapist condition than for gender of subject, providing fairly strong support for the social role interpretation of gender differences.

It is quite telling that subject gender is highly significant as a predictor for scores in the female therapist, male client FMSEX, male therapist, female client MFSEX, and female therapist, female client FFSEX conditions, but reduced to a non-significant difference in the male therapist, male client MMSEX condition. As stated before, this "homophobic response" is quite illustrative of the social role interpretation of sex differences. It suggests that these ratings and ultimately, the subject's judgments of

right and wrong are largely based on the perceptions of social role appropriateness, rather than sex-typing, moral development, or moral orientation.

As a corollary hypothesis, it was also predicted that the male therapist, female client interactions would receive higher ratings by all participants regardless of gender of subject, and this effect was only partly demonstrated. That the effect size was so much larger for gender interaction conditions than gender of subject shows the strength of the tendency of the participants to respond to the social cues of the gender interaction. This effect held not only for the Sexual Interaction factor, but for the Dual Relations factor as well.

Between each factor, however, there were differences in the ordering of these variables suggesting that these ratings were given by men and women not just on the basis of a simple "social power" analysis where men were expected by all to dominate in all relationships. Using a more complex social role interpretation, the men and women sampled in this study made social calculations that varied according to the gender condition (the genders of therapist-client interactions), the type of interaction (whether the interactions were primarily sexual or non - sexual relationships) and filtered through the distinct perceptual differences of gender.

Conclusions

Strengths of the study

This study largely fulfilled its main purposes by focusing in on therapist-client dual relationships and sexual interactions. As in my previous research in the area, the results replicated the general finding that the more highly sexual interactions became between therapist and client, the more male and female ratings of ethicality of those behaviors differed. The use of more reliable instruments and improved methodologies helped to provide a better context for understanding the differences

between male and female ethical judgments, as well as providing a better overall understanding about factors that might impact ethical judgments.

The use of the Reader's Guide and its foundation in hermeneutic methods, contributed an especially robust portrait of the dilemmas and concerns that faced this particular population. The narratives alone provide much contextual information with which to understand the meaning of some of the results obtained.

Limitations of the study

The main limitation of the study had to do with the excessively homogeneous student population that varied little in many characteristics. It is certainly questionable whether these results are generalizable to other populations, especially populations with a greater divergence of age, experience, education, and general knowledge. The restricted range of subject characteristics has undoubtedly impacted the magnitude of correlations and clouded their interpretability.

A number of concerns surface when analyzing the data from the Defining Issues Test, especially the low reliability coefficients for the stage scores and low overall reliability using the short form of the instrument. The fact that the Defining Issues Test was unrelated to the dependent variables brings into question the utility of a moral development instrument that cannot predict the behaviors (or attitudes about behaviors) targeted in this study.

Results from the Moral Challenge Questionnaire produced a data-rich source of examples of moral reasoning and the specific types of moral dilemmas encountered by the young adults of which this sample was comprised. As such, the methodology could be used to compare and contrast the types of moral dilemmas and quality of moral reasoning of different ages and cohorts, providing an adequate sample was achieved.

It would be useful to have a much larger and more gender and age balanced group of story raters. The construct of moral orientation is rather a fuzzy concept. In the case of the present study, the results were potentially biased by an all-female panel of raters, judging and rating stories through their own gender based experiences and sensibilities. It is a particularly interesting aspect of this hermeneutic methodology that allows and requires that researchers step inside the circle of empirical inquiry to acknowledge the potential influence of observers on the subject observed. One ought to examine the relationship of gender, age, and personal values of the raters and their relationship to moral orientation ratings, however, given the limitations of the present study, this could not be accomplished.

Main Questions

Whether there are gender differences in ethical judgments when women and men rate therapist and client interactions was the basic starting point for this empirical investigation, however, on a more global level, the present research has also been guided by broader concerns and questions encountered in the research literature, such as whether men and women have distinctively different moral orientations or ethical frameworks to guide their moral reasoning and ethical decision making. If there are gender differences, as the present research confirmed, what are some of the factors that might influence the magnitude of these differences, and what theoretical explanation might be best used to account for these differences?

Are there gender differences in ethicality judgments overall when women and men rated the depicted therapist interactions with clients? Statistically speaking, it is clear that in this sample, there were consistent and significant differences between the ratings of men and women. At the same time however, when one

examines the shapes of the distributions, and takes into account whatever "floor effects" might be operating, the conclusion that the ratings that men and women gave were overall, more similar than different would be an equally true statement. Both men and women tended to rate sexually questionable behavior more severely than the friendly or benign interactions. Therefore, the common wisdom that there is more variety within groups (in this case, gender) than between groups has found some support in these data.

Do men and women have distinctively different moral orientations and ethical frameworks to guide their moral reasoning? The present study would suggest that men and women have enough differences to make a significant difference as they reason about moral issues. The women in this study were found to be more likely to express their moral challenges in terms of a care orientation story. They were more likely to have higher scores on principled reasoning than men, and higher verbal skills. They were more likely to have high femininity scores, an index that has been tied to expressiveness and values in counseling, and were more discriminating in their ratings of unethical behaviors between men and women, regardless of which gender was the therapist, and which the client.

However, to say that men and women have different moral orientations or ethical frameworks to guide their moral reasoning requires that one defines these differences clearly as gender differences and not sex differences, and the implication of this distinction is that it places the root cause of these differences in the social sphere, and not the biological sphere. Thus, we find that the effect of gender has a larger impact in the perceptions of the appropriateness of the social interactions depicted, rather than the person making the particular judgments solely on the basis of their biological gender condition.

Therefore, it is the conclusion of this writer that the social role interpretation of these gender differences is the best and most adequate explanation of the gender differences found in this study, because it avoids placing the locus of these differences in the individual personality as a character trait. When men are rating situations that are more personally threatening, such as the male to male sexual interaction condition, they appear to react very similarly to women when they are rating behavioral interactions between men and women.

The study provides support for the social role interpretation of gender differences as the best explanation to account for these differences. It suggests that these differences between men and women are small in magnitude, but perhaps powerful in their pervasiveness. The study shows that men can be equally as disapproving about ethical violations, especially when they effect them more personally. Perhaps men might require greater empathy as they find themselves increasingly in social situations where they are challenged, outnumbered and perhaps even dominated by women.

Future directions

It would be useful to continue to study the Reader's Guide method. What emerged was a very robust portrait of the moral dilemmas that face a fairly narrow age group. It would be instructive to perform a similar study of other age groups, a cross-sectional study that would compare how moral challenges change over time in content and orientation ratings.

Though the gender differences found in this (and most other social science studies of gender differences) were not quantitatively large, they imply many subtle qualitative differences between males and females. These differences did not totally overwhelm and overshadow, but rather color. While females scored higher

on the Defining Issues Test, the DIT's relationship to the dependent variables does not appear to be that important, and the same is true for the other dependent measures. Where more females were defined in predicted categories, males were less well defined, with more unspecified types of Moral Challenge Stories, more "Uncoded" types of ratings, and less conservative ratings on all behaviors except in the one case that threatened them, and placed their self image in jeopardy, the male to male interactions.

There is no stronger explanation for this data than Eagly's (1987) social role interpretation of gender differences. More work focused on testing this model would prove fruitful. Though some argue that gender is overplayed and overused to advance a political, feminist agenda, many others argue with equal fervent that gender is simply a social construction, and mental construct which when examined too closely dissolves and escapes as sand held in young child's hand.

Though there are greater differences and wider variations within the sexes as those that exist between them, this does not mean that there are not qualitative differences in the impact that gender has on a wide range of human endeavors. The results of this study could hardly be discounted by arguments about the artifact of method or the unreliability of instruments, although these criticisms may indeed be warranted from a strictly objective and scientific viewpoint. The data also point to the difficulty of trying to understand and break down into smaller constructs the idea of gender, for it exists and pervades our biology, psychology, and sociology in ways that resists all reductions to oversimplified explanations and theories. We each exist as separate individuals, as a bio-psycho-social phenomenon, and we each also inhabit the biological reality, and socially enacted category of a gender that determines many of the social choices we make.

Understood in this way, gender is in some magnificent way, irreducible to any other category or construct other than what it is. Whether it is in how we experience ourselves, or judge the interactions of others, gender informs and shapes our sense of self, and our intelligence, as it offers to each of us unique challenges for self-expression. It is my hope that psychology continues to define and refine methods for engaging in these types of questions and to ultimately find and celebrate these differences that truly make a difference.

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APPENDIX A: SURVEY INSTRUMENTS**Prior Experience Questionnaire (PEQ)**

The following questions will help us know about your personal experience and knowledge about counseling and psychotherapy. For this study, the words **"counseling"** and **"psychotherapy"** have the same meaning. Counseling or psychotherapy means the use of the services of someone designated as a counselor or therapist to discuss mental health concerns, transitions, relationship issues, or problems with work and life circumstances. We do not mean the routine guidance and information provided within schools related to course selection and class requirements, career advising, or the kind of help offered by others in an informal manner. Please give all answers on the answer sheet provided.

Demographic Information:

Please fill in the following information where indicated on your top answer sheet **BEFORE** answering any other questions on the first questionnaire:

SEX: (M) for Male or (F) for female

GRADE or EDUCATION: Your present classification?

0 = You are not enrolled at the University (you just sneaked in for fun)

1 = Freshmen

2 = Sophomore

3 = Junior

4 = Senior

5 = Beyond Senior, but not a graduate student

6 = Graduate student

DATE OF BIRTH: Indicate the month and the year you were born (i.e. 05/81)

If you have given the above demographic information about yourself on the answer sheet provided, please go on to answer the rest of the questions on the next page.

Prior Experience Questionnaire:

Answer all questions by choosing the **ONE** response that best describes your experience. Indicate all answers on the computerized answer sheet attached:

1. How many total sessions have you attended counseling or psychotherapy?

A) = None (I have never been in counseling)

B) = 1 to 8 sessions total

C) = 9 to 25 sessions total

D) = 26 to 50 sessions total

E) = over 50 sessions total

2. Have you ever personally experienced any behavior on the part of a counselor or therapist that you considered to be UNETHICAL?

A) = No

B) = I'm not sure/don't know

C) = Yes

3. Have you ever heard about someone else who has had an experience with a counselor or psychotherapist that they considered to be UNETHICAL?

A) = No

B) = I'm not sure/don't know

C) = Yes

4. My overall impression of counselors and psychotherapists is:

A) = Extremely negative

B) = Mostly negative

C) = Mixed or neutral

D) = Mostly positive

E) = Extremely positive

Ethics Questionnaire

Ethics Questionnaire

The following is a series of statements that describe behaviors of counselors or psychotherapists. For each question, you are asked to make a rating of whether YOU consider the behavior ethical. An ETHICAL judgment is whether in your perception, the behavior is correct according to your standards or what you believe OUGHT to be the standards that apply to counseling and psychotherapy. Use the answer sheet provided.

For each question, use the following rating scale to indicate your responses:

NEVER ETHICAL	RARELY ETHICAL	SOMETIMES ETHICAL	OFTEN ETHICAL	ALWAYS ETHICAL
A	B	C	D	E

1. A FEMALE THERAPIST GOES TO A MALE CLIENT'S SPECIAL EVENT (e.g., WEDDING).
2. A FEMALE THERAPIST TELLS A FEMALE CLIENT, "I AM SEXUALLY ATTRACTED TO YOU."
3. A FEMALE THERAPIST LEADS NUDE GROUP THERAPY OR "GROWTH" GROUPS WITH MEN AND WOMEN GROUP MEMBERS.
4. A FEMALE THERAPIST INVITES A FEMALE CLIENT TO A PARTY OR SOCIAL EVENT.
5. A MALE THERAPIST KISSES A FEMALE CLIENT.
6. A FEMALE THERAPIST ALLOWS A MALE CLIENT TO DISROBE.
7. A FEMALE THERAPIST ASKS FAVORS (E.G., A RIDE HOME) FROM A FEMALE CLIENT.
8. A FEMALE THERAPIST GOES TO A FEMALE CLIENT'S SPECIAL EVENT (E.G., WEDDING).
9. A FEMALE THERAPIST SENDS A HOLIDAY GREETING CARD TO HER FEMALE CLIENT.
10. A MALE THERAPIST ASKS FAVORS (E.G., A RIDE HOME) FROM A MALE CLIENT.
11. A FEMALE THERAPIST ENGAGES IN A SEXUAL FANTASY ABOUT A FEMALE CLIENT.

12. A MALE THERAPIST BECOMES SEXUALLY INVOLVED WITH A FEMALE FORMER CLIENT.
13. A FEMALE THERAPIST ENGAGES IN A SEXUAL FANTASY ABOUT A MALE CLIENT.
14. A MALE THERAPIST ACCEPTS A FEMALE CLIENT'S INVITATION TO A PARTY.
15. A FEMALE THERAPIST BECOMES SOCIAL FRIENDS WITH A MALE FORMER CLIENT.
16. A FEMALE COUNSELING PROFESSOR PROVIDES THERAPY TO HER MALE STUDENTS OR SUPERVISEES.
17. A FEMALE THERAPIST FEELS SEXUALLY ATTRACTED TO A FEMALE CLIENT.
18. A MALE THERAPIST BECOMES SOCIAL FRIENDS WITH A MALE FORMER CLIENT.
19. A MALE THERAPIST CRIES IN THE PRESENCE OF A MALE CLIENT.
20. A FEMALE THERAPIST HUGS A FEMALE CLIENT.
21. A MALE THERAPIST GOES TO A MALE CLIENT'S SPECIAL EVENT (e.g., WEDDING).
22. A MALE THERAPIST INVITES A FEMALE CLIENT TO A PARTY OR SOCIAL EVENT.
23. A FEMALE THERAPIST LEADS NUDE GROUP THERAPY OR "GROWTH" GROUPS WITH WOMEN ONLY.
24. A MALE THERAPIST ALLOWS A FEMALE CLIENT TO DISROBE.
25. A FEMALE THERAPIST ALLOWS A FEMALE CLIENT TO DISROBE.
26. A FEMALE THERAPIST DISROBES IN THE PRESENCE OF A MALE CLIENT.
27. A MALE THERAPIST FEELS SEXUALLY ATTRACTED TO A FEMALE CLIENT.
28. A FEMALE COUNSELING PROFESSOR PROVIDES THERAPY TO HER FEMALE STUDENTS OR SUPERVISEES.
29. A MALE THERAPIST ALLOWS A MALE CLIENT TO DISROBE.
30. A FEMALE THERAPIST KISSES A FEMALE CLIENT.
31. A FEMALE THERAPIST SENDS A HOLIDAY GREETING CARD TO HER MALE CLIENT.
32. A FEMALE THERAPIST TELLS A MALE CLIENT, "I AM SEXUALLY ATTRACTED TO YOU."

33. A MALE COUNSELING PROFESSOR PROVIDES THERAPY TO HIS FEMALE STUDENTS OR SUPERVISEES.
34. A FEMALE THERAPIST HAS A MALE CLIENT ADDRESS HER BY HER FIRST NAME.
35. A FEMALE THERAPIST HAS A FEMALE CLIENT ADDRESS HER BY HER FIRST NAME.
36. A FEMALE THERAPIST ASKS FAVORS (e.g., A RIDE HOME) FROM A MALE CLIENT.
37. A FEMALE THERAPIST DISROBES IN THE PRESENCE OF A FEMALE CLIENT.
38. A FEMALE THERAPIST BECOMES SEXUALLY INVOLVED WITH A FEMALE FORMER CLIENT.
39. A FEMALE THERAPIST ENGAGES IN EROTIC ACTIVITY WITH A MALE CLIENT.
40. A MALE COUNSELING PROFESSOR PROVIDES THERAPY TO HIS MALE STUDENTS OR SUPERVISEES.
41. A MALE THERAPIST DISROBES IN THE PRESENCE OF A MALE CLIENT.
42. A FEMALE THERAPIST ENGAGES IN EROTIC ACTIVITY WITH A FEMALE CLIENT.
43. A MALE THERAPIST CRIES IN THE PRESENCE OF A FEMALE CLIENT.
44. A FEMALE THERAPIST KISSES A MALE CLIENT.
45. A MALE THERAPIST HAS A FEMALE CLIENT ADDRESS HIM BY HIS FIRST NAME.
46. A FEMALE THERAPIST CRIES IN THE PRESENCE OF A MALE CLIENT.
47. A MALE THERAPIST LEADS NUDE GROUP THERAPY OR "GROWTH" GROUPS WITH MEN ONLY.
48. A MALE THERAPIST BECOMES SEXUALLY INVOLVED WITH A MALE FORMER CLIENT.
49. A MALE THERAPIST INVITES MALE CLIENT TO A PARTY OR SOCIAL EVENT.
50. A FEMALE THERAPIST CRIES IN THE PRESENCE OF A FEMALE CLIENT.
51. A MALE THERAPIST FEELS SEXUALLY ATTRACTED TO A MALE CLIENT.
52. A MALE THERAPIST ACCEPTS A MALE CLIENT'S INVITATION TO A PARTY.
53. A MALE THERAPIST ENGAGES IN EROTIC ACTIVITY WITH A MALE CLIENT.

54. A FEMALE THERAPIST BECOMES SOCIAL FRIENDS WITH A FEMALE FORMER CLIENT.
55. A FEMALE THERAPIST HUGS A MALE CLIENT.
56. A MALE THERAPIST BECOMES SOCIAL FRIENDS WITH A FEMALE FORMER CLIENT.
57. A MALE THERAPIST ENGAGES IN A SEXUAL FANTASY ABOUT A FEMALE CLIENT.
58. A FEMALE THERAPIST ACCEPTS A MALE CLIENT'S INVITATION TO A PARTY.
59. A FEMALE THERAPIST ACCEPTS A FEMALE CLIENT'S INVITATION TO A PARTY.
60. A MALE THERAPIST GOES TO A FEMALE CLIENT'S SPECIAL EVENT (e.g., WEDDING).
61. A MALE THERAPIST SENDS A HOLIDAY GREETING CARD TO HIS FEMALE CLIENT.
62. A MALE THERAPIST SENDS A HOLIDAY GREETING CARD TO HIS MALE CLIENT.
63. A FEMALE THERAPIST INVITES MALE CLIENT TO A PARTY OR SOCIAL EVENT.
64. A MALE THERAPIST DISROBES IN THE PRESENCE OF A FEMALE CLIENT.
65. A FEMALE THERAPIST BECOMES SEXUALLY INVOLVED WITH A FEMALE FORMER CLIENT.
66. A MALE THERAPIST LEADS NUDE GROUP THERAPY OR "GROWTH" GROUPS WITH MEN AND WOMEN GROUP MEMBERS.
67. A MALE THERAPIST ENGAGES IN EROTIC ACTIVITY WITH A FEMALE CLIENT.
68. A MALE THERAPIST HUGS A MALE CLIENT.
69. A MALE THERAPIST KISSES A MALE CLIENT.
70. A FEMALE THERAPIST FEELS SEXUALLY ATTRACTED TO A MALE CLIENT.
71. A MALE THERAPIST TELLS A FEMALE CLIENT, "I AM SEXUALLY ATTRACTED TO YOU."
72. A MALE THERAPIST TELLS A MALE CLIENT, "I AM SEXUALLY ATTRACTED TO YOU."
73. A MALE THERAPIST ENGAGES IN A SEXUAL FANTASY ABOUT A MALE CLIENT.

- 74. A MALE THERAPIST HAS A MALE CLIENT ADDRESS HIM BY HIS FIRST NAME.
- 75. A MALE THERAPIST HUGS A FEMALE CLIENT.
- 76. A MALE THERAPIST ASKS FAVORS (e.g., A RIDE HOME) FROM A FEMALE CLIENT.

Defining Issues Test

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Purpose:

The purpose of this questionnaire is to help us understand how people think about social problems. Different people have different opinions about questions of right and wrong. There are no "right" answers to such problems in the way that math problems have right answers. We would like you to tell us what you think about several problem stories.

You will be asked to read three stories that follow. More details about how to do this will follow.

Instructions:

In this questionnaire you will be asked to read a story and then to place marks on the answer sheets to indicate your recommendation for what a person should do.

First, if you tend to favor one action or another (even if you are not completely sure), indicate which one. If you don't favor either action, check "can't decide".

Second, read each of the numbered items and think about the issue it is raising. If that issue is important in making the decision, one way or the other, then mark the box by "great". If that issue is not important or doesn't make sense to you, mark "no". If the issue is relevant but not critical, mark "much," "some", or "little" - depending on how much importance that issue has in your opinion. You may mark several items as "great" (or any other level of importance) - there is no fixed number of items that must be marked at any one level. However, please just check one importance rating for each item.

Third, after you have marked your answers for each of the 12 items, indicate the MOST important item to consider in making the decision out of all 12 items listed even if you did not mark any of the items of "Great" importance. Of the 12 items presented, you will choose the item that you see as the most important consideration (relative to the other considerations) in the columns next to each item, and then do the same for the items that you feel are second most important, third, and fourth most important.

On the following page is a sample question used to illustrate how we want you to score each of the three stories that follow. As soon as you understand the rating method, continue on to complete each story that follows. If you have any questions as to how to proceed, please ask before beginning this questionnaire.

Sample items and sample answers:

Frank Jones has been thinking about buying a car. He is married, has two small children and earns an average income. The car he buys will be his family's only car. It will be used mostly to get to work and drive around town, but sometimes for vacation trips also. In trying to decide what car to buy, Frank Jones realized that there were a lot of questions to consider. For instance, should he buy a larger used car or a smaller new car for about the same amount of money? Other questions occur to him.

Should Frank buy the car? (Check one)

☐ Should buy it ☐ Can't decide ☒ Should not buy it

Considerations	Great	Much	Some	Little	No
1. Whether the car dealer was in the same block as where Frank lives.					X
2. Would a used car be more economical in the long run than a new car.	X				
3. Whether the color was green, Frank's favorite color.			X		
4. Whether the cubic inch displacement was at least 200.					X
5. Would a large, roomy car be better than a compact car.	X				
6. Whether the front connibilies were differential.					X

From the list of questions above, select the four most important (put the number of the selected consideration in the appropriate space below):

Most important <u>5</u>	Second <u>2</u>	Third <u>3</u>	Fourth <u>1</u>
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Note that in our sample responses, the first item was considered irrelevant; the second item was considered as a critical issue in making a decision; the third item was considered of only moderate importance; the fourth item was not clear to the person responding whether 200 was good or not, so it was marked "no"; the fifth item was also of critical importance; and the sixth item didn't make any sense, so it was marked "no". Even though items 5 & 2 were judged as "Great", the person decided that item 5 was more important relative to item 2. When you have completed one story, go on to the next until you have finished.

Story #1: Doctor's Dilemma

A lady was dying of cancer which could not be cured and she had only about six months to live. She was in terrible pain, but she was so weak that a good dose of pain-killer like morphine would make her die sooner. She was delirious and almost crazy with pain, and in her calm periods, she would ask the doctor to give her enough morphine to kill her. She said she couldn't stand the pain and that she was going to die in a few months anyway. Should the doctor give her an overdose of morphine that would make her die?

Should the doctor give her the drug? (Check one)

_____ He should give the lady an _____ Can't decide _____ He should not
overdose that will make her
die.

Considerations	Great	Much	Some	Little	No
1. Whether the woman's family is in favor of giving her the overdose or not.					
2. Is the doctor obligated by the same laws as everybody else if giving an overdose would be the same as killing her.					
3. Whether people would be much better off without society regimenting their lives and even their deaths.					
4. Whether the doctor could make it appear like an accident.					
5. Does the state have the right to force continued existence on those who don't want to live.					
6. What is the value of death prior to society's perspective on personal values.					
7. Whether the doctor has sympathy for the woman's suffering or cares more about what society might think.					
8. Is helping to end another's life ever a responsible act of cooperation.					
9. Whether only God should decide when a person's life should end.					
10. What values the doctor has set for himself in his own personal code of behavior.					

Considerations	Great	Much	Some	Little	No
11. Can society afford to let everybody end their lives when they want to.					
12. Can society allow suicides or mercy killing and still protect the lives of individuals who want to live.					

From the list of questions above, select the four most important (put the number of the selected consideration in the appropriate space below):

Most important ____	Second ____	Third ____	Fourth ____
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Story #2: Escaped Prisoner

A man had been sentenced to prison for 10 years. After one year, however, he escaped from prison, moved to a new area of the country, and took on the name of Thompson. For 8 years he worked hard, and gradually he saved enough money to buy his own business. He was fair to his customers, gave his employees top wages, and gave most of his own profits to charity. Then one day, Mrs. Jones, an old neighbor, recognized him as the man who had escaped from prison 8 years before, and whom the police had been looking for.

Should Mrs. Jones report Mr. Thompson to the police and have him sent back to prison? (Check one)

____ Should report him ____ Can't decide ____ Should not report him

Considerations	Great	Much	Some	Little	No
1. Hasn't Mr. Thompson been good enough for such a long time to prove he isn't a bad person?					
2. Every time someone escapes punishment for a crime, doesn't that just encourage more crime?					
3. Wouldn't we be better off without prisons and the oppression of our legal systems?					
4. Has Mr. Thompson really paid his debt to society?					
5. Would society be failing what Mr. Thompson should fairly expect?					
6. What benefits would prisons be apart from society, especially for a charitable man?					

Considerations	Great	Much	Some	Little	No
7. How could anyone be so cruel and heartless as to send Mr. Thompson to prison?					
8. Would it be fair to all the prisoners who had to serve out their full sentences if Mr. Thompson was let off?					
9. Was Mrs. Jones a good friend of Mr. Thompson?					
10. Wouldn't it be a citizen's duty to report an escaped criminal, regardless of the circumstances?					
11. How would the will of the people and the public good best be served?					
12. Would going to prison do any good for Mr. Thompson or protect anybody?					

From the list of questions above, select the four most important (put the number of the selected consideration in the appropriate space below):

Most important _____	Second _____	Third _____	Fourth _____
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Story #3: Newspaper

Fred, a senior in high school, wanted to publish a mimeographed newspaper for students so that he could express many of his opinions. He wanted to speak out against the war in Viet Nam and to speak out against some of the schools rules, like the rule forbidding boys to wear long hair.

When Fred started his newspaper, he asked his principal for permission. The principal said it would be all right if before every publication Fred would turn in all his articles for the principal's approval. The principal approved all of them and Fred published two issues of the paper in the next two weeks.

But the principal had not expected that Fred's newspaper would receive so much attention. Students were so excited by the paper that they began to organize protests against the hair regulation and other school rules. Angry parents objected to Fred's opinions. they phoned the principal telling him that the newspaper was unpatriotic and should not be published. As a result of the rising excitement, the principal ordered Fred to stop publishing. He gave as a reason that Fred's activities were disruptive to the operation of the school.

Should the principal stop the newspaper? (Check one)

_____ Should stop it _____ Can't decide _____ Should not stop it.

Considerations	Great	Much	Some	Little	No
1. Is the principal more responsible to students or to the parents?					
2. Did the principal give his word that the newspaper could be published for a long time, or did he just promise to approve the newspaper one issue at a time?					
3. Would the students start protesting even more if the principal stopped the newspaper?					
4. When the welfare of the school is threatened, does the principal have the right to give orders to students?					
5. Does the principal have the freedom of speech to say "no" in this case?					
6. If the principal stopped the newspaper would he be preventing full discussion of important problems?					
7. Whether the principal's order would make Fred lose faith in the principal.					
8. Whether Fred was really loyal to his school and patriotic to his country.					
9. What effect would stopping the paper have on the student's education in critical thinking and judgments?					
10. Whether Fred was in any way violating the rights of others in publishing his own opinions.					
11. Whether the principal should be influenced by some angry parents when it is the principal that knows best what is going on in the school.					
12. Whether Fred was using the newspaper to stir up hatred and discontent.					

From the list of questions above, select the four most important (put the number of the selected consideration in the appropriate space below):

Most important ____	Second ____	Third ____	Fourth ____
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Moral Challenge Questionnaire

All people have had the experience of being in a situation where they had to make a decision, but weren't sure of what they should do. Think of one such situation when you faced a moral conflict and you had to make a decision, but weren't sure what you should do? Then answer the following questions to help you describe this situation to us as fully as you can (in about 15 minutes). If you need additional space to write, use the back of these sheets.

1. What was the situation?

2. What was the conflict for you in that situation? Why was it a conflict?

3. In thinking about what to do, what did you consider? Why? Was there anything else you considered doing?

4. What did you decide to do? What happened?

5. Do you think it was the right thing to do? Why/why not?

6. What was at stake for you in this dilemma? What was at stake for others? In general, what was at stake?
7. How did you feel about it? How did you feel about it for the other(s) involved?
8. Is there another way to see the problem (other than the way you described it?)
9. When you think back over the conflict you described, do you think you learned anything from it?
10. Do you consider the situation you described a moral problem? Why or why not?
11. What does morality mean to you? What makes something a moral problem for you?

Bem Sex Role Inventory (BSRI)

BSRI

In this inventory, you will be presented with thirty personality characteristics. You are to use those characteristics in order to describe yourself. That is, you are to indicate, on a scale from 1 to 7, how true of you these various characteristics are. Please do not leave any characteristic unmarked.

Example: _____ Sly

Mark a **1** if it is Never or almost never true that you are sly.

Mark a **2** if it is Usually not true that you are sly.

Mark a **3** if it is Sometimes but infrequently true that you are sly.

Mark a **4** if it is Occasionally true that you are sly.

Mark a **5** if it is Often true that you are sly.

Mark a **6** if it is Usually true that you are sly.

Mark a **7** if it is Always or almost always true that you are sly.

Describe yourself according to the following scale:

1	2	3	4	5	6	7
Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true

Please mark all your answers on the computerized answer sheet provided.

- | | | |
|----------------------------------|------------------------------------|------------------------------|
| 91. Defend my own beliefs | 101. Understanding | 111. Adaptable |
| 92. Affectionate | 102. Jealous | 112. Dominant |
| 93. Conscientious | 103. Forceful | 113. Tender |
| 94. Independent | 104. Compassionate | 114. Conceited |
| 95. Sympathetic | 105. Truthful | 115. Willing to take a stand |
| 96. Moody | 106. Have leadership abilities | 116. Love children |
| 97. Assertive | 107. Eager to soothe hurt feelings | 117. Tactful |
| 98. Sensitive to needs of others | 108. Secretive | 118. Aggressive |
| 99. Reliable | 109. Willing to take risks | 119. Gentle |
| 100. Strong personality | 110. Warm | 120. Conventional |

APPENDIX B: THE READING GUIDE

The Reading Guide Instructions

The **Reading Guide** "...takes as its starting point the premise that a person, represented in the text by a speaking voice telling a narrative or story, experiences relationships both in terms of attachment and in terms of equality. We are interested in how a person tells a story about his or her experiences of conflict in relationships (Brown, et al., 1989)". The following materials will help YOU, the reader, to interpret the texts using a specific set of referents. These are defined by two primary moral orientations: Justice or Care.

We are interested in reading the texts submitted in response to sample questions (see attached) about moral conflicts in such a way as to be able to track two different moral orientations or what has been described as "relational voices". By following the following protocol, we hope to specify the way in which a person approaches and orients themselves to moral conflicts they have experienced in their life.

Care Narratives: Describes relationships in terms of:

- Attachment or detachment
- Connection or disconnection
- Vulnerability to isolation and/or abandonment
- Concerns for creating, sustaining and maintaining relationships.

Justice Narratives: Describes relationships in terms of:

- Inequality or equality
- Reciprocity and fairness
- Respect or disrespect for others
- Vulnerability to oppression
- Concerns for standards or principles of fairness.

Interpretive Procedures:

The interpreter, (the reader/rater) will read each text a total of four different times. Each reading requires and allows a focus on different aspects of the narrative voice, and moral orientation to the conflict described. Summary worksheets and coding rules will follow.

Using the worksheets provided, the reader uses a copy of the text and three different colored pencils to mark passages that represent Self (green), Care (red), and Justice (blue).

1. **First reading:** Simply read for understanding the story as written by the narrator. The goal is to understand the who, what, where, when, and why of the story and the context within which the drama takes place.
2. **Second reading: "Locating Self".** The interpreter reads to identify the active sense of self in conflict, and whether there is awareness of the nature of the conflict. Mark those passages that suggest a position of alignment. Alignment refers to the voice that is most central to self as it is represented in the narrative. Mark those passages that are direct reflections on the self of the actor with green and consider the following questions.
 - Does the narrative self express an "alignment" in the conflict?
 - Does the narrator come down on one side or the other of their own values?
 - Does the narrator perceive the values of justice or care in relation to their own integrity - so that compromising that set of values would be seen as losing a basic or central sense of self?
 - Can this "alignment" be determined by the narrative self rejecting the values of another?
3. **Third reading: Reading for "Care".** Using the red colored pencil, pay attention to reflections of a care orientation and how it is clearly articulated explicitly or implied. Consider the following questions.
 - Is the Care Orientation articulated?
 - How is Care characterize?
 - If Care is not (clearly) articulated, what would constitute care in this conflict in the narrator's frame of reference?
 - Does the "self" align with Care? How do you know?
 - Is the alignment explicit or implicit?
4. **Fourth reading: Reading for "Justice".** Using the blue colored pencil, make note of all reflections and articulations of the concerns of justice. Consider the following questions.
 - Is the Justice Orientation articulated?
 - How is Justice characterized?
 - If Justice is not (clearly) articulated, what would constitute justice in this conflict in the narrator's frame of reference?
 - Does the self align with Justice? How do you know?
 - Is the alignment explicit or implicit.

5. Summary Worksheets: Answer the following questions

Reader's name: _____ Date: _____

I. The two moral orientations and how they are represented: (Check two)

1. Is the justice orientation articulated ? **Yes** _____ **No** _____
2. Is the care orientation articulated? **Yes** _____ **No** _____

II. The relationship between the two moral orientations: (check one)

1. Justice predominates _____ 2. Care predominates: _____
3. Both justice and care present, neither predominates _____

III. The self:

1. Does the narrative express an "alignment" in the conflict?
Yes _____ **NO** _____
2. What terms/orientation does the narrator use to frame this "alignment" in the conflict? **Justice** _____ **Care** _____ **Both** _____

Coding summary:**Dimension 1: Presence** (Circle one)

1. = Both justice and care are present in the narrative
2. = Care is present in the narrative; justice is not
3. = Justice is present in the narrative; care is not.
4. = Neither justice nor care is present in the narrative; it is uncodable.

Dimension 2: Predominance (Circle one)

1. = Justice Predominant
2. = Care Predominant
3. = Neither Predominant

Dimension 3: Alignment (Circle one)

- 1.= Self aligns with justice
- 2.= Self aligns with care
- 3.= Self aligns with both justice and care
- 4.= Self does not express an alignment with either voice in the narrative

Experimental Code number _____**Narrative type coding** _____

(Put three circled codes on this line in order).

APPENDIX C: ADDITIONAL TABLES AND FIGURES

Table 38. Percentage classifications of Moral Challenge Stories by gender

Moral Challenge Story classification	Male (<u>n</u> = 91)		Female (<u>n</u> = 122)		Total (<u>n</u> = 213)	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
To have sex	8	8.8	22	18.0	30	14.1
Using alcohol	12	13.2	13	10.7	25	11.7
Relationships	9	9.9	15	12.3	24	11.3
Interventions	9	9.9	13	10.7	22	10.3
Cheating on exams	6	6.6	11	9.0	17	8.0
Stealing/breaking the law	10	11.0	6	4.9	16	7.5
Group membership	8	8.8	6	4.9	14	6.6
Turning someone in	7	7.7	6	4.9	13	6.1
Lying/being honest	5	5.5	6	4.9	11	5.2
General decisions	3	3.3	7	5.7	10	4.7
Family/divorce issues	2	2.2	7	5.7	9	4.2
Using drugs	5	5.5	4	3.3	9	4.2
Pregnancy	1	1.1	4	3.3	5	2.3
Fighting	4	4.4	1	0.8	5	2.3
Uncoded	2	2.2	0	0.0	2	0.9
Smoking cigarettes	0	0.0	1	0.8	1	0.5

Note. $\chi^2 = 18.70$, $p = n.s.$

Table 39. Frequency distribution of Moral Challenge Story ratings by rater

Rating	Rater 1		Rater 2		Rater 3		Total (\underline{n} = 645)	
	\underline{n}	%	\underline{n}	%	\underline{n}	%	\underline{n}	%
<u>Care Orientation</u>								
122	64	29.8	46	21.4	45	20.9	155	24.0
123	4	1.9	3	9.0	9	4.2	16	2.5
124	1	0.5	1	0.5	1	0.5	3	0.0
132	1	0.5	7	3.3	2	0.9	10	0.0
222	37	17.2	38	17.7	40	18.6	115	0.2
224	0	0.0	1	0.5	0	0.0	1	0.0
232	0	0.0	0	0.0	1	0.5	1	0.0
Subtotal:	107	49.9	96	52.4	98	45.6	301	46.7
<u>Justice Orientation</u>								
111	56	26.0	40	18.6	42	19.5	138	21.4
113	3	1.4	1	0.5	9	4.2	13	2.0
114	0	0.0	1	0.5	4	1.9	5	0.8
131	2	0.9	10	4.7	0	0.0	12	1.9
311	7	3.3	3	1.4	0	0.0	10	1.6
314	0	0.0	0	0.0	1	0.5	1	0.0
Subtotal:	68	31.6	55	25.7	56	26.1	179	27.8
<u>Mixed Orientation</u>								
112	12	5.6	15	7.0	1	0.5	28	4.3
121	10	4.7	15	7.0	1	0.5	26	4.0
133	1	0.5	13	6.0	11	5.1	25	3.9
134	4	1.9	8	3.7	4	1.9	16	2.5
Subtotal:	27	12.7	51	23.7	17	8.0	95	14.7
<u>Uncodable</u>								
234	1	0.5	0	0.0	3	1.4	4	0.6
334	0	0.0	1	0.5	2	0.9	3	0.5
434	12	5.6	12	5.6	16	7.4	40	6.2
Subtotal:	13	6.1	13	6.1	21	9.7	47	7.3

Note. Each rater (\underline{n} = 3) gave each story (\underline{n} = 215) a rating on 3 separate dimensions resulting in ($3 \times 215 = 645$) 3 - digit codes for each participant. See the Reader's Guide Appendix B for coding methods.

Table 40. Hierarchical regression for impression of therapists (PEQ4)

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.03	7.58	0.006
Gender	0.23	0.18	7.58	0.006			
Step 2:					0.12	16.25	0.000
Gender	0.03	0.02	0.13	0.718			
F-scale	0.30	0.37	30.76	0.000			
Orientation	-0.06	-0.09	2.18	0.142			
Step 3:					0.03	2.42	0.067
Gender	0.02	0.14	0.04	0.835			
F-scale	0.31	0.38	32.60	0.000			
Orientation	-0.07	-0.10	2.62	0.107			
PEQ1	0.04	0.05	0.69	0.408			
PEQ2	-0.23	0.09	6.76	0.010			
PEQ3	0.01	0.01	0.01	0.909			
ANOVA					R^2	F	p
	DF	SS	MS				
Regression	6	16.57	2.76				
Residual	217	73.15	0.34	0.11	8.19	0.000	

Note. F-scale = BSRI Femininity scale, Orientation = Moral Orientation ratings, PEQ1 = counseling experience (duration), PEQ2 = direct experience of unethical behavior, PEQ3 = second-hand experience of unethical behaviors.

Table 41. Hierarchical regression for the Defining Issues Test P-score

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.02	5.63	0.019
Gender	4.52	0.16	5.63	0.019			
Step 2:					0.08	9.74	0.000
Gender	4.27	0.15	5.09	0.025			
ACTE	-0.80	-0.21	2.69	0.102			
ACTC	1.84	0.44	12.51	0.001			
Step 3:					0.00	0.38	0.771
Gender	4.32	0.15	5.02	0.026			
ACTE	-0.76	-0.19	2.33	0.129			
ACTC	1.80	0.43	11.77	0.001			
Care	0.52	0.02	0.02	0.888			
Justice	2.45	0.08	0.44	0.509			
Mixed	2.22	0.054	0.29	0.590			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>R^2</u>	<u>F</u>	<u>p</u>	
Regression	6	4813.71	802.28				
Residual	217	39465.86	181.87	0.11	4.41	0.000	

Note. ACTE = ACT English, ACTC = ACT Composite, Care = Care Moral Orientation, Justice = Justice Moral Orientation, Mixed = Mixed Moral Orientation.

Table 42. Hierarchical regression for the Defining Issues Test D-score

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.30	6.86	0.009
Gender	-1.16	-0.17	6.86	0.009			
Step 2:					0.03	3.33	0.038
Gender	-1.32	-0.20	8.46	0.004			
ACTE	0.26	0.29	5.15	0.024			
ACTC	-0.32	-0.33	6.63	0.011			
Step 3:					0.02	1.48	0.220
Gender	-1.17	-0.17	6.54	0.011			
ACTE	0.29	0.32	6.07	0.015			
ACTC	-0.32	-0.33	6.76	0.010			
Care	-1.81	-0.27	4.26	0.040			
Justice	-1.73	-0.24	3.84	0.051			
Mixed	-1.55	-0.16	2.51	0.115			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>		R^2	F	p
Regression	6	187.37	31.23				
Residual	217	2234.86	10.30		0.08	3.03	0.007

Note. ACTE = ACT English, ACTC = ACT Composite, Care = Care Moral Orientation, Justice = Justice Moral Orientation, Mixed = Mixed Moral Orientation.

Table 43. Hierarchical regression for Sexual Interaction factor, female therapist to male client condition (FMSEX)

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.11	26.20	0.000
Gender	-4.02	-0.32	26.20	0.000			
Step 2:					0.01	0.93	0.398
Gender	-4.29	-0.35	27.97	0.000			
ACTE	0.27	0.16	1.67	0.198			
ACTC	-0.20	-0.11	0.77	0.380			
Step 3					0.02	2.79	0.064
Gender	-3.59	-0.29	16.48	0.000			
ACTE	0.30	0.18	2.11	0.148			
ACTC	-0.30	-0.17	1.71	0.193			
F-scale	-1.25	-0.16	5.31	0.022			
P-score	0.01	0.04	0.27	0.605			
Step 4:					0.01	3.16	0.077
Gender	-3.55	-0.29	16.23	0.000			
ACTE	0.32	0.19	2.34	0.128			
ACTC	-0.32	-0.18	1.96	0.163			
F-scale	-0.90	-0.12	2.50	0.115			
P-score	0.02	0.04	0.40	0.526			
PEQ4	-1.16	-0.12	3.16	0.077			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>R²</u>	<u>F</u>	<u>p</u>	
Regression	6	1212.10	202.02	0.15	6.26	0.000	
Residual	217	7001.31	32.26				

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.

Table 44. Hierarchical regression for Sexual Interaction factor, female therapist to female client condition (FFSex)

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.06	13.01	0.000
Gender	-3.38	-0.24	13.01	0.000			
Step 2:					0.01	1.28	0.279
Gender	-3.64	-0.25	14.25	0.000			
ACTE	0.11	0.05	0.18	0.671			
ACTC	0.12	0.06	0.20	0.659			
Step 3:					0.03	3.33	0.037
Gender	-3.46	-0.24	10.85	0.001			
ACTE	0.20	0.10	0.62	0.431			
ACTC	-0.10	-0.05	0.12	0.726			
F-scale	-0.92	-0.10	2.05	0.154			
P-score	0.07	0.15	4.60	0.033			
Step 4:					0.01	2.41	0.122
Gender	-3.42	-0.24	10.62	0.001			
ACTE	0.21	0.11	0.73	0.395			
ACTC	-0.12	-0.06	0.18	0.669			
F-scale	-0.56	-0.06	0.69	0.408			
P-score	0.07	0.16	5.06	0.026			
PEQ4	-01.21	-0.11	2.41	0.122			
ANOVA					R^2	F	p
	DF	SS	MS				
Regression	6	1150.35	191.72				
Residual	217	9919.20	45.71	0.10	4.19	0.001	

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.

Table 45. Hierarchical regression for Sexual Interaction factor, male therapist to female client condition (MFSex)

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.09	21.49	0.000
Gender	-3.66	-0.30	21.49	0.000			
Step 2:					0.02	2.04	0.132
Gender	-4.04	-0.33	24.85	0.000			
ACTE	0.42	0.25	3.96	0.048			
ACTC	-0.34	-0.19	2.29	0.132			
Step 3:					0.03	3.21	0.042
Gender	-3.37	-0.27	14.53	0.000			
ACTE	0.46	0.28	4.85	0.029			
ACTC	-0.47	-0.26	4.06	0.045			
F-scale	-1.29	-0.17	5.72	0.018			
P-score	0.02	0.06	0.70	0.405			
Step 4:					0.01	2.05	0.154
Gender	-3.33	-0.27	14.28	0.000			
ACTE	0.47	0.28	5.11	0.025			
ACTC	-0.48	-0.27	4.36	0.038			
F-scale	-1.02	-0.13	3.15	0.077			
P-score	0.02	0.06	0.86	0.354			
PEQ4	-0.93	-0.10	2.05	0.154			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>		<u>R²</u>	<u>F</u>	<u>p</u>
Regression	6	1130.03	188.34		0.14	5.82	0.000
Residual	217	7019.13	32.35				

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.

Table 46. Hierarchical regression for Sexual Interaction factor, male therapist to male client condition (MMSex)

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.01	2.54	0.113
Gender	-1.25	-0.11	2.54	0.113			
Step 2:					0.00	0.23	0.791
Gender	-1.39	-0.12	2.91	0.089			
ACTE	0.12	0.07	0.32	0.571			
ACTC	-0.06	-0.04	0.08	0.776			
Step 3:					0.02	1.82	0.165
Gender	-1.16	-0.11	0.69	0.200			
ACTE	0.17	0.11	0.66	0.167			
ACTC	-0.19	-0.11	0.69	0.409			
F-scale	-0.71	-0.10	1.70	0.193			
P-score	0.04	0.10	1.92	0.167			
Step 4:					0.01	1.34	0.248
Gender	-1.13	-0.10	1.61	0.206			
ACTE	0.18	0.11	0.74	0.392			
ACTC	-0.21	-0.12	0.78	0.377			
F-scale	-0.49	-0.10	0.71	0.402			
P-score	0.04	0.10	2.13	0.146			
PEQ4	-0.76	-0.08	1.34	0.248			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>		R^2	F	p
Regression	6	263.98	44.00		0.04	1.33	0.244
Residual	217	7164.66	33.02				

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.

Table 47. Hierarchical regression for Dual Relationship factor, female therapist to male client condition (FMDual)

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.04	10.07	0.002
Gender	-2.87	-0.21	10.07	0.002			
Step 2:					0.02	1.78	0.170
Gender	-3.29	-0.24	12.56	0.001			
ACTE	0.43	0.23	3.17	0.077			
ACTC	-0.30	-0.15	1.41	0.236			
Step 3:					0.01	0.95	0.390
Gender	-3.51	-0.26	11.79	0.001			
ACTE	0.47	0.25	3.83	0.052			
ACTC	-0.40	-0.20	2.28	0.133			
F-scale	-0.04	-0.00	0.00	0.953			
P-score	0.04	0.10	1.89	0.171			
Step 4:					0.00	0.96	0.329
Gender	-3.54	-0.26	11.97	0.001			
ACTE	0.46	0.25	3.68	0.056			
ACTC	-0.39	-0.19	2.13	0.146			
F-scale	-0.26	-0.03	0.15	0.700			
P-score	0.04	0.09	1.71	0.193			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>R²</u>	<u>F</u>	<u>p</u>	
Regression	6	719.58	119.93	0.07	2.76	0.013	
Residual	217	9437.99	43.49				

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.

Table 48. Hierarchical regression for Dual Relationship factor, female therapist to female client condition (FFDual)

Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.04	10.35	0.002
Gender	-3.01	-0.21	10.35	0.002			
Step 2:					0.03	3.02	0.051
Gender	-3.58	-0.25	14.05	0.000			
ACTE	0.55	0.29	5.06	0.026			
ACTC	-0.37	-0.18	1.96	0.163			
Step 3:					0.00	0.31	0.734
Gender	-3.79	-0.27	12.88	0.000			
ACTE	0.58	0.30	5.39	0.021			
ACTC	-0.42	-0.20	2.29	0.131			
F-scale	0.10	0.01	0.03	0.871			
P-score	0.02	0.05	0.59	0.442			
Step 4:					0.01	1.69	0.195
Gender	-3.83	-0.27	13.18	0.000			
ACTE	0.57	0.29	5.16	0.024			
ACTC	-0.40	-0.19	2.10	0.148			
F-scale	-0.20	-0.02	0.08	0.776			
P-score	0.02	0.05	0.47	0.495			
PEQ4	1.01	0.09	1.69	0.195			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>		<u>R^2</u>	<u>F</u>	<u>p</u>
Regression	6	870.68	145.11		0.08	3.14	0.006
Residual	217	10025.93	46.20				

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.

Table 49. Hierarchical regression for Dual Relationship factor, male therapist to female client condition (MFDual)

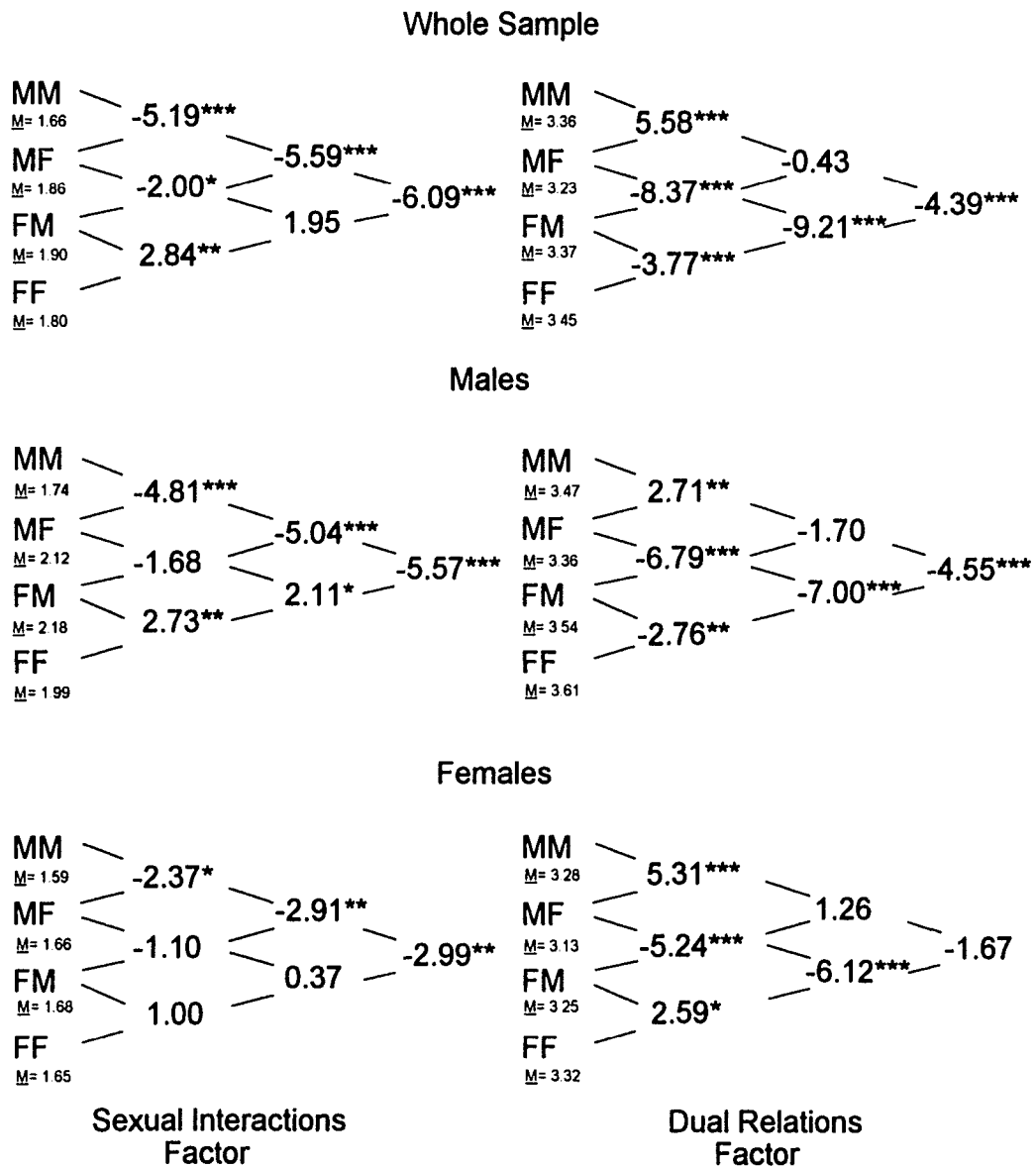
Variables entered	raw β	standard β	F	p	Change		
					R ²	F	p
Step 1:					0.03	6.49	0.012
Gender	-2.53	-0.17	6.49	0.012			
Step 2:					0.02	2.09	0.126
Gender	-3.04	-0.20	8.89	0.003			
ACTE	0.49	0.24	3.53	0.062			
ACTC	-0.33	-0.15	1.40	0.239			
Step 3:					0.01	1.65	0.194
Gender	-3.24	-0.22	8.40	0.004			
ACTE	0.56	0.28	4.55	0.034			
ACTC	-0.49	-0.22	2.74	0.099			
F-scale	-0.23	-0.02	0.11	0.736			
P-score	0.06	0.13	3.18	0.076			
Step 4:					0.00	0.79	0.376
Gender	-3.27	-0.22	8.53	0.004			
ACTE	0.55	0.27	4.39	0.037			
ACTC	-0.47	-0.21	2.59	0.109			
F-scale	-0.45	-0.05	0.38	0.538			
P-score	0.06	0.12	2.96	0.087			
PEQ4	0.74	0.06	0.79	0.376			
ANOVA							
	DF	SS	MS		R ²	F	p
Regression	6	774.75	129.12		0.06	2.48	0.024
Residual	217	11295.86	52.05				

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.

Table 50. Hierarchical regression for Dual Relationship factor, male therapist to male client condition (MMDual)

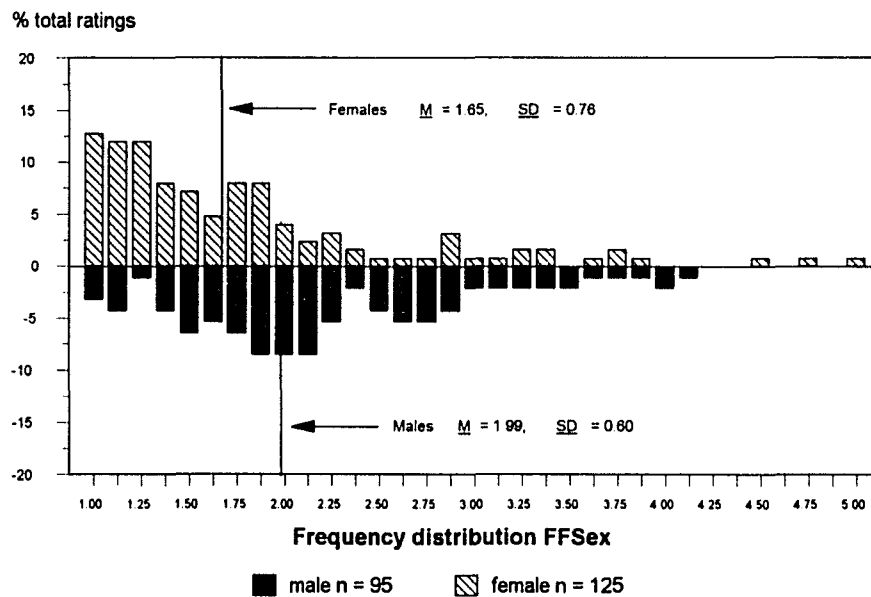
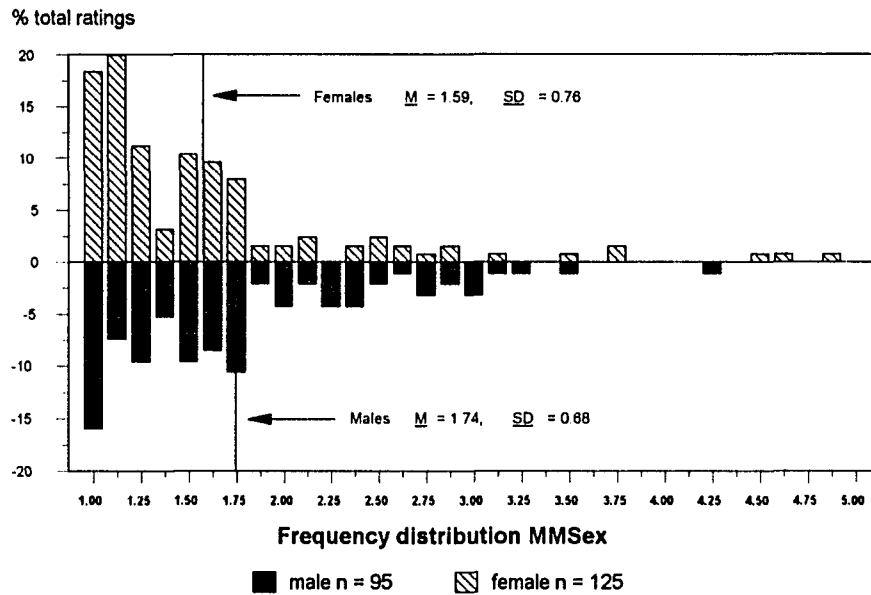
Variables entered	raw β	standard β	F	p	Change		
					R^2	F	p
Step 1:					0.02	4.06	0.045
Gender	-1.93	-0.13	4.06	0.045			
Step 2:					0.02	2.19	0.114
Gender	-2.42	-0.17	6.10	0.014			
ACTE	0.50	0.26	3.98	0.047			
ACTC	-0.37	-0.17	1.87	0.173			
Step 3:					0.00	0.56	0.570
Gender	-2.79	-0.19	6.65	0.011			
ACTE	0.53	0.27	4.36	0.038			
ACTC	-0.42	-0.20	2.24	0.136			
F-scale	0.30	0.03	0.21	0.649			
P-score	0.03	0.07	0.92	0.338			
Step 4:					0.01	1.21	0.273
Gender	-2.82	-0.20	6.81	0.010			
ACTE	0.52	0.27	4.18	0.042			
ACTC	-0.41	-0.19	2.07	0.151			
F-scale	0.04	0.00	0.00	0.953			
P-score	0.03	0.06	0.78	0.377			
PEQ4	0.88	0.08	1.21	0.273			
ANOVA	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>R^2</u>	<u>F</u>	<u>p</u>	
Regression	6	525.27	87.55	0.05	1.80	0.100	
Residual	217	10545.50	48.60				

Note. ACTE = ACT English, ACTC = ACT Composite, F-scale = femininity scale (BSRI), P-score = Principled Reasoning (DIT), PEQ4 = Overall impression of counselors.



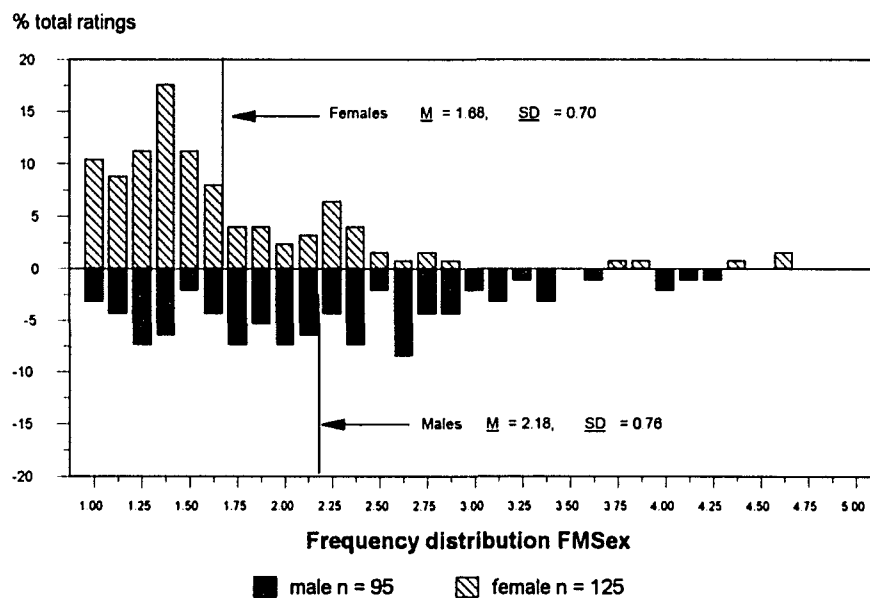
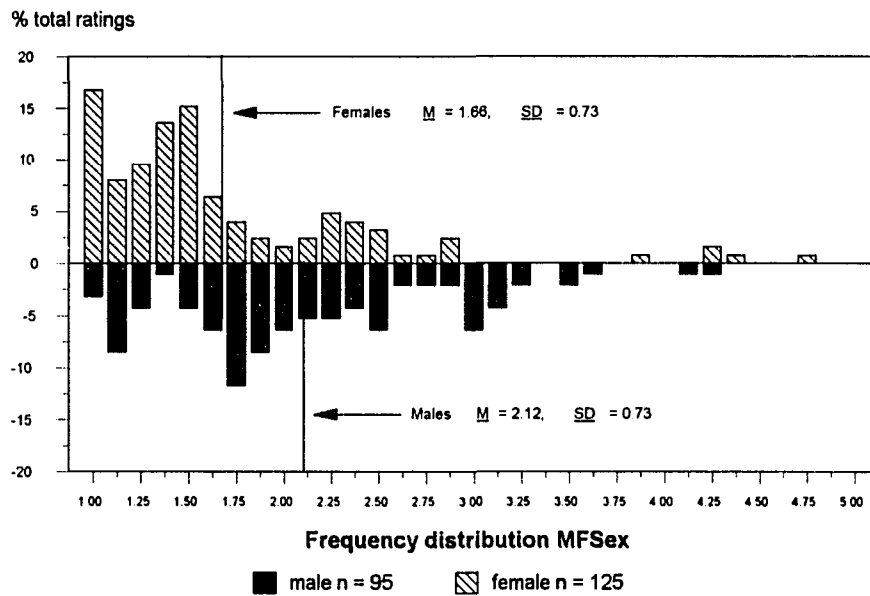
Note. Scores in the apex of triangles are the results of paired t-tests of mean differences for the two variables in the base of the triangle. Degrees of freedom for all tests for whole sample, $df = 218$; for males, $df = 93$; for females, $df = 124$.

Figure 10. T-test scores of mean differences between Sexual Interaction and Dual Interaction factors for the whole sample and for males and females



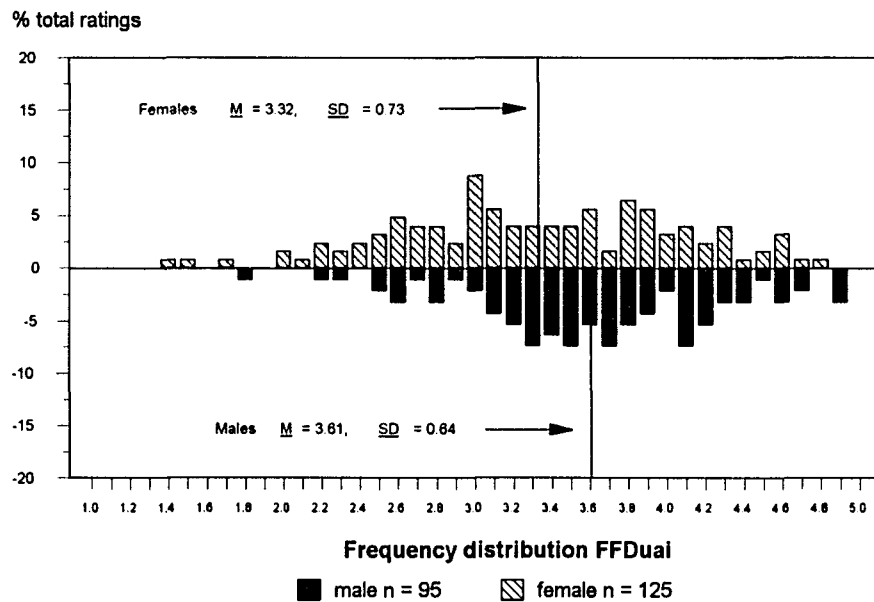
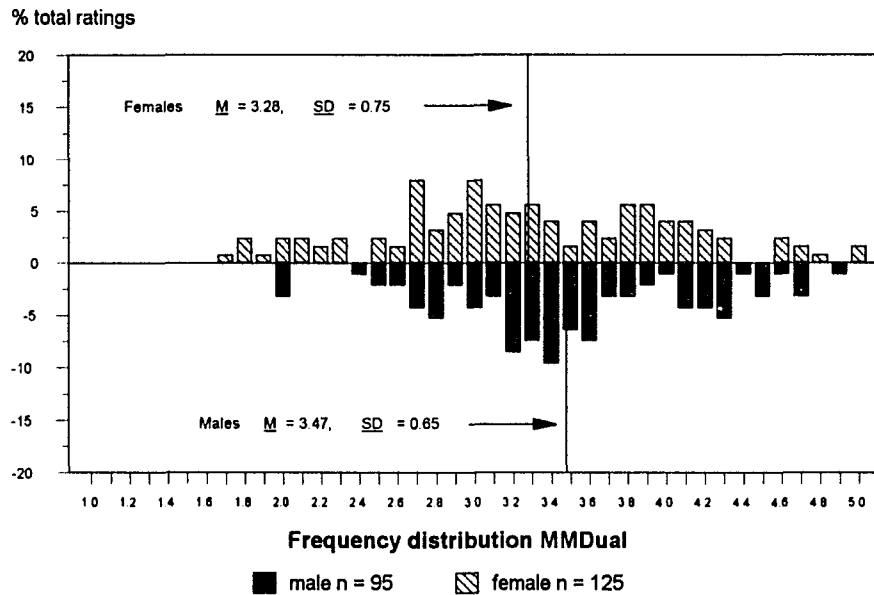
Note. Male percentages are negative values for ease of interpretation.

Figure 11. Frequency distribution by total percentage of ratings on the Ethics Questionnaire for same-sex sexual interaction conditions by gender



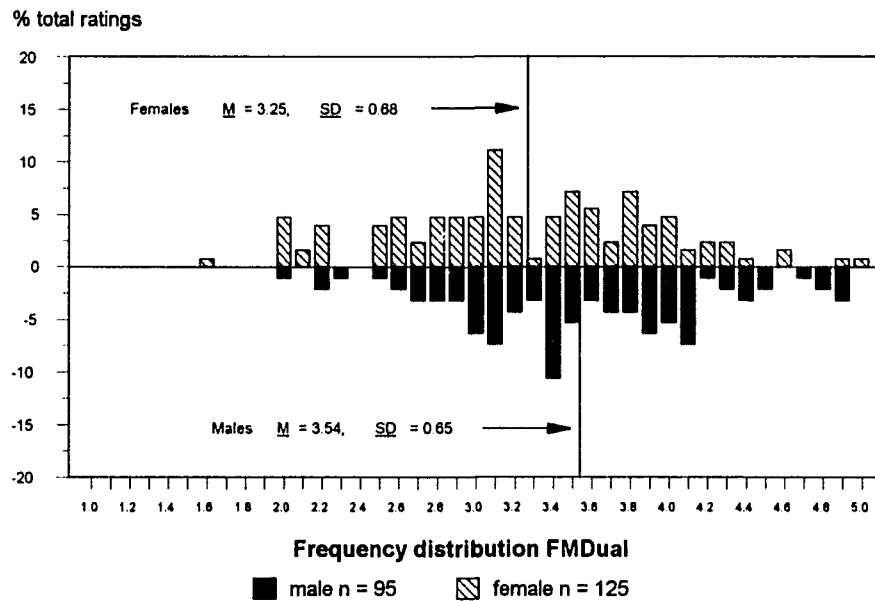
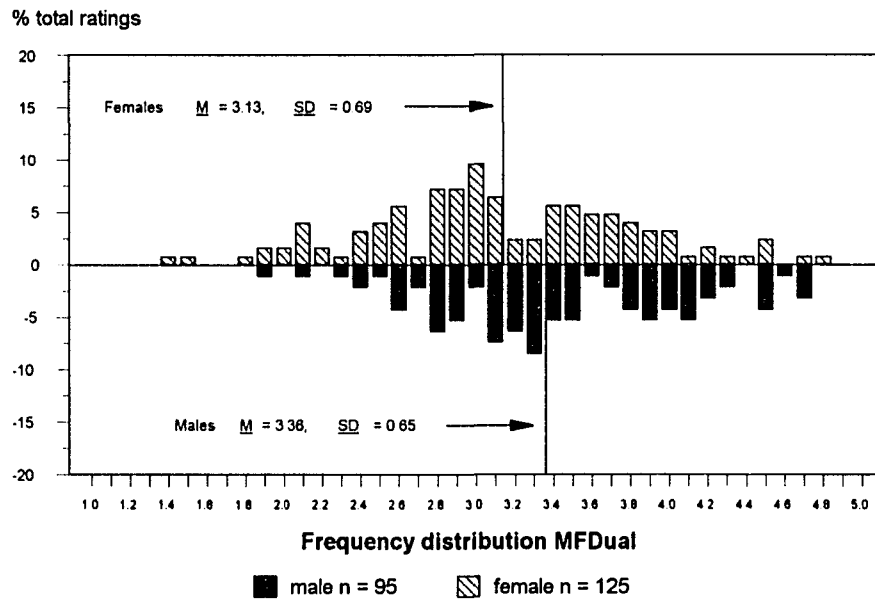
Note. Male percentages are negative values for ease of interpretation.

Figure 12. Frequency distribution by total percentage of ratings on the Ethics Questionnaire for opposite-sex sexual interaction conditions by gender



Note. Male percentages are negative values for ease of interpretation.

Figure 13. Frequency distribution by total percentage of ratings on the Ethics Questionnaire for same-sex dual relations conditions by gender



Note. Male percentages are negative values for ease of interpretation.

Figure 14. Frequency distribution by total percentage of ratings on the Ethics Questionnaire for same-sex dual relations conditions by gender

APPENDIX D: MORAL CHALLENGE STORY SAMPLES

Relationships

1. Whether or not to break up with my boyfriend.
2. Religion - I'm Catholic, he's Lutheran.
3. I considered our long term relationship and whether or not it could survive due to our conflict in religious beliefs.
4. This just currently came up and we're going to try and just be friends for awhile.
5. I don't know. It's sad and confusing right now.
6. Whether or not I should give up one of my standards, which is that I don't want to, someday, get married to a non-catholic.
7. I'm a very, very strong Catholic and I basically want my boyfriend to convert to Catholicism, but he's very, very much against that idea. It's discouraging, for both of us.
8. Yes, he has high moral, values, like me, and I'm afraid of losing those great qualities in a guy.
9. I'm not sure. It's been so recent.
10. Yes. Because of my high moral belief in my religion I'm forcing the guy I love away.
11. Morality is knowing right from wrong and truly practicing those beliefs daily.

To have sex

1. When I had sex for the first time.
2. Because I was against premarital sex, but I thought I really loved the guy. I had a hard time deciding.
3. Well, I considered having sex and not having sex. I considered breaking up our relationship too because it was so serious.
4. I ended up doing it, I guess I was pressured into it. I was kind of mad at my boyfriend.
5. I don't think it was the right thing to do. I was pressured into it and in the back of my mind, I really don't think I wanted to do it.
6. For me there was 1) the question of fitting in with my friends (a lot of them already had), 2) what my parents would think, 3) how I would feel about myself,

- 4) how he would feel about me. For my boyfriend there were pretty much the same things.
7. At first I was angry with myself and with my boyfriend for pressuring me. but then later I guess it wasn't as big a deal.
 8. No because it was my dilemma an inner conflict with myself.
 9. Yes, I grew up a lot I realized that I can't let people pressure me in to things. I felt older and more in control of myself.
 10. Yes. Because it was a conflict with my morals (How I was brought up to behave.)
 11. Morality is your character or how you feel about personal choices. A moral problem with me is something that conflicts with the way I was brought up and how I should act.

Interventions

1. When I was walking on campus with three of my friends and one of them who is racist called this black woman walking by a "Nigger". He said it just loud enough for her to hear it, and it obviously upset her. I didn't say anything to my friend.
2. Standing up for the black women and yelling at my friend for upsetting someone he knows nothing about except the color of her skin. I am not racist.
3. Defending the girl or saying nothing. I wanted to say something because his statement was uncalled for, but it was much easier to say nothing. No.
4. Say nothing. The girl just walked away and my friend felt more comfortable ridiculing blacks.
5. No. I should have said something. He is my friend, and I don't want other people to think I condone racism.
6. Being made fun of by my friends for standing up for the girl or being seen as a racist. My friend thought that I accepted his racism and he feels more open to express his racism. Stopping racism or indirectly letting it grow.
7. Disappointed in myself. I wish I could apologize to the girl and express my anger to my friend.
8. Yes.
9. Yes. Next time I will say something when someone expresses themselves in a way that makes me look immoral and idiotic.

10. Yes. Racism is a moral problem which threatens minorities fundamental rights to exist in this country.
11. Something which will knowingly cause psychological or physical harm on another individual(s)

General decisions

1. My younger brother was in a match against another boy (in previous matches he beat everyone else but never this one boy). The other judge's scores made a tie. I was the center judge & thus it was up to my score to break the tie. I felt my brother had won but I also felt questions of whether I was being biased or if others would think I was.
2. I was left to decide whether my brother had beat the boy he'd always wanted to, or if I was being biased & the other judges would look down upon me. It was a conflict because I didn't feel I could make a fair decision.
3. I considered how much my brother wanted to win, whether I was being biased, what the judges would think. Because I felt incapable of making a fair decision. I considered telling one of the other head judges that I felt this way & that they'd need to make the decision.
4. I gave it to the other boy. My brother was extremely upset, I lost my match later that day, and I've regretted my decision ever since.
5. No. Because I didn't listen to my gut feelings & my brother lost because I wasn't confident enough in my own decision (that he had won).
6. I would be looked down upon & my brother would be hurt. My brother would feel bad about himself.
7. Terrible
8. Yes
9. Yes
10. Yes. because I had to make a decision between things I felt strongly about & believed in.
11. A moral problem to me is a conflict in things you believe in.

Using alcohol or drugs

1. I was good friends in high school with someone who used marijuana. I personally never liked or wanted to use the drug. From early on he knew this. Then one day he asked me to do a favor for him. I was to deliver a package for him to another friend I was seeing out of town. During the trip I realized the package was marijuana. I then decided to give the package to the man and then I never really was friends again.
2. I had to decide whether to give the friend the package or throw it away. This was going against my ethics of not using or being around drugs.
3. I considered throwing it away because it was against my beliefs. I considered turning them in and I considered not even showing up.
4. I gave the package to the friend. Then eventually I stopped associating with them. I was 16.
5. Yes, I think I handled the situation fairly and in the end I was never hurt for a long time.
6. I could have been caught. They could of gotten caught. Our friendship was being strained.
7. I was put in a bad situation. It was unfair for them to do that to me.
8. Not really
9. Yes, choose my friends more wisely.
10. Yes, I had to lessen my standards to help them.
11. A set of codes to live by and not necessary follow, although most do, but actually the rules. When I am asked to lower them for someone else.

Honesty

1. Cheating on a test
2. Partially because I wanted a good score & because the other person needed help/asked (sort a "two heads are better than one" & what I don't know they do & vice versa). Its a conflict because it makes you doubt your ability to do things without help, you could get caught & receive no credit. There would also be a lot of disappointment in my family etc.

3. Family's view of me, 2) getting caught, 3) being embarrassed, 4) guilt. Because everyone needs to weigh the benefits & costs of actions taken. We considered writing on desks or using "cheat sheet".
4. I think basically the anxiety of the situation won out & I tried not to look at anyone & cover my answers. When we did look or talk with our eyes we never got caught.
5. At the time, I always felt like the tests were too hard. I never even thought of it as cheating because I wasn't getting bad grades & we basically "shared" answers, things we knew but weren't sure. Now that cheating is so stressed here, I'm appalled when I hear of friends attempting to cheat.
6. Explained before, honor, embarrassment, good grades.
7. Really nervous & scared, the students were my friends & it was just our way of helping each other out.
8. From teachers view.
9. Yes, as explained, I see now what the difference is and realize the value of your own work.
10. Its a moral challenge to decide if you should count on your own abilities or use the help of your friends.
11. I have a lot of high morals, I think a moral is something that people seem wrong, sometimes things change & your morals need to change, but people have a tendency to never hold to the morals they set. A moral problem for me is something I feel is wrong to do because of its affect on others or yourself.

APPENDIX E: INFORMED CONSENT FORMS

Informed Consent Form

Summary description of the task: In this study, you will be asked to complete a series of written questionnaires that will give us information about who you are, what kinds of experience you have had with counseling, and your perceptions of general moral problems, and ethical dilemmas specific to the practice of counseling and therapy. We will be presenting you with descriptions of behaviors and situations and asking you to respond to them with your opinions and judgments, or to choose between certain action alternatives. We will also ask you to write about a time when you might of faced a moral conflict.

The purpose of the study: The present study seeks to understand your opinion on and perceptions of certain ethical and moral issues related to therapist and client interactions and to the development of moral and ethical judgments in college students. This research is being conducted in partial fulfillment of the requirements for the degree of Doctorate of Philosophy in Psychology for Jon Schwabach, M.S., the primary researcher.

Confidentiality of information: The information obtained through these studies will be used in such a way as to safeguard your confidentiality. Once we have collected your responses to our questions, your name and other identifiable information, will not be maintained as part of the data set. All answers will be keyed to the study number indicated on each answer sheet.

Risks of participation in this research: The researchers do not anticipate any risks from your participation in this research. **If, for any reason, you feel you cannot or should not continue to participate in this study, you may withdraw from the study at any time without penalty.**

Expectations for your participation: After having read this page, you will find attached two forms that we ask you to sign. By signing these forms, you are indicating to us your voluntary willingness to participate in this research, and the specific terms of your participation. Do not sign these forms unless you feel you understand them completely. Beyond that, we can only hope that you will answer all questions in as truthful and as thoughtful a manner as possible. If you have any questions or concerns about your participation in this study, please ask before signing the attached forms.

Informed Consent Form

Consent Agreement

1. I can withdraw from this study at any time without penalty.
2. All information gathered in this study will remain anonymous and confidential. My name or social security number, when used for the purpose of obtaining my admission test scores, will be separated from the data and will not be associated with the data on record.
3. I understand the risks of my participation in this study are minimal, as outlined above in the section titled, "Risks of participation in this research."
4. My participation in this study should be approximately two hours of my time from start to finish.
5. I will be given credit for participation, applicable to my currently enrolled psychology coursework as outlined in the Psychology Department's procedures for earning extra credit through participation in such research.
6. Participation in this study does not alter my eligibility to seek, to receive, or continue to receive free professional counseling services at the ISU Student Counseling Service.

Statement of Informed Consent:

I have read the above materials and understand the nature of my participation in this research study. By signing below, I am indicating my voluntary agreement to participate in this study. I understand that I may withdraw this consent at any time.

Signature of participant

date

Release of Information - ACT/SAT

As part of this research project, we would like to be able to have a measure of your intelligence. Rather than make you take any additional tests of intelligence, we request that you sign the following release of information waiver which will allow us to obtain your ACT (or SAT) test scores submitted at admission to ISU, and routinely kept by ISU's registrar's office.

By signing the following statement, you are giving the primary researchers permission to obtain these scores for the sole use of the research team conducting this study, in accordance with Iowa State's University policies regarding the dissemination of information on its students for research purposes.

In order to obtain this information, we require that you indicate your name and your student ID (usually your social security number) on this form. After receiving this information from the registrar, we will add the data to the information collected today without your name or student ID number. Your name or student ID will no longer be associated with the results of the study after that time.

Student Name: _____

Student ID#: _____

I, the above named student, give my permission to Jon Schwabach (primary researcher) to obtain my ACT or SAT composite and verbal sub-scores (depending on which is available) from the Iowa State University Registrar's Office.

Student signature: _____

Dated: _____

For registrar's use only:

ACT composite score: _____ ACT Verbal score: _____

SAT composite score: _____ SAT Verbal score: _____

No scores available for this student? (check if true): _____

For Your Information

About this study

We hope that you found this study interesting and worth the investment of your time and effort. We appreciate your assistance in making this research possible. Without you, the volunteer student research participant, psychology would lack a great wealth of information and knowledge about how people behave, and how individuals differ.

One of the individual differences that is the focus of this study, is in the area of moral development and the judgments of ethical and unethical behaviors. We are interested in examining in particular, how men and women might differ in their perceptions and reactions to the behaviors of counselors and therapists. This concern is important to psychologists currently, as violations of ethical standards in the area of sexual exploitation continues to be committed mostly by men against women. Your participation in this study gives us data that may provide us some insight to how these problems may arise.

We would not want you to get the idea from this study that most counselors and therapists are unethical. On the contrary, most research focused on the practices and behaviors of counselors and psychotherapists have found that the majority of these professionals are deeply concerned about practicing in an ethical and professional manner.

If you want more information...

If you want to know more about this study, or are interested in making comments about any aspect of your participation in this research, feel free to contact the following people:

Jon Schwabach, M.S.
Principal Investigator
1215 Scholl Rd.
Ames, IA 50014
292-0179

Norm Scott, Ph.D. - Co-Chair
Counseling Psychology Dept.
W. Lagomarcino Hall
Iowa State University
294-1509

If through your participation in this study, you have become aware of the need for counseling services for yourself, contact:

**Student Counseling Services
3rd Floor Student Services Building
294-5056**

APPENDIX F: RESEARCH POSTING

This study is aimed at understanding how college students generally understand moral and ethical issues, and in particular, how students judge the ethical and unethical behaviors of counselors and psychotherapists. You do not have to have any prior experience with counseling or psychotherapy to participate in this study.

You will be asked to complete a set of written questionnaires which will give us information about yourself and how you think about moral and ethical issues. In addition, we will ask you to answer some written questions about a time you had a difficult decision to make.

The study will require your consent to obtain your college entrance exam scores (ACT or SAT) from the registrar's office. After obtaining this, your name and other identifying information will be removed from all data.

You will earn 2 extra credit points for your participation.
(Takes about 1 hour (min.) to two hours (max.)